



# 3-5 Year Strategic Plan

This document includes Narrative Responses to specific questions that grantees of the Community Development Block Grant, HOME Investment Partnership, Housing Opportunities for People with AIDS and Emergency Shelter Grants Programs must respond to in order to be compliant with the Consolidated Planning Regulations.

## GENERAL

### Executive Summary

The Executive Summary is optional, but encouraged. If you choose to complete it, please provide a brief overview that includes major initiatives and highlights that are proposed throughout the 3-5 year strategic planning period.

#### 3-5 Year Strategic Plan Executive Summary:

Two thousand and five marks the thirtieth year that Monroe County has received an allocation from the Community Development Block Grant (CDBG) program. It also marks the fourteenth year that Monroe County has been a participating jurisdiction as part of the HOME Investment Partnerships Program and the second program year of the American Dream Downpayment Initiative (ADDI) program. Combined, these programs help Monroe County channel approximately \$3 million annually into suburban towns and villages that comprise the Monroe County Consolidated Plan Consortium in support of housing, public works, economic development and community services programs that primarily benefit low to moderate-income households, seniors, and persons with special needs.

Funding for these programs is provided through the U.S. Department of Housing and Urban Development (HUD). In order to remain compliant with the Consolidated Planning Regulations, which cover these federal allocations, Monroe County is required to complete a five-year strategic plan and annual action plans for the program years covered by the five-year plan. The five-year strategic plan covers overall program priorities and long-term initiatives, while the annual action plan addresses projects funded on an annual basis and new program initiatives for the program year.

Last year, HUD developed the Consolidated Plan Management Tool (CPMP) to facilitate the development and compilation of consolidated plan information. Monroe County Community Development (CD) used the CPMP Tool to complete the narrative portion of the 2003-2004 Consolidated Annual Performance and Evaluation Report (CAPER) in October 2004. This is the first complete plan that CD has developed using the CPMP. It has a drastically different format than previous plans, and readers are encouraged to communicate their opinions about the usefulness of this format. It is intended that CPMP will provide an improved method of tracking project and program goals as well as articulating them to the public. The complete document includes the 2005-2010 Strategic Plan, the 2005 Action Plan, needs tables associated with the plans, and a separate appendix that includes all of the

demographic and housing related charts that used to appear throughout the narrative of previous plans.

The purpose of Monroe County's 2005-2010 Strategic Plan is to communicate a clear vision to residents of the analysis of community development and housing needs, the intended use of federal dollars to meet these needs and to encourage public commentary in this endeavor. Monroe County has established an active citizen participation process to solicit public commentary on all relevant aspects of the programs. The Strategic Plan represents a coordinated effort by Monroe County to include input from public and private sources throughout the community in the planning of housing and community development programs. The Plan also serves as a reporting mechanism to HUD on the planning and evaluation of programs. For purposes of the Strategic Plan, goal numbers have been projected for each of the five years covered by this plan. Goal numbers will be adjusted annually and reflected in the Action Plan for that program year to cover the activities and funds available for specific program areas.

#### A. Consortium Membership

The CDBG program operates in 16 towns and 9 villages in suburban Monroe County. All municipalities in Monroe County are members of the consortium with the exception of the Towns of Brighton, Greece, Irondequoit, the City of Rochester and the Village of East Rochester. By virtue of their populations, the Towns of Greece and Irondequoit are entitlement communities in their own right, and as such receive their own CDBG allocations.

The HOME program includes the Towns of Greece and Irondequoit, bringing the HOME consortium membership to 18 towns and 9 villages. The City of Rochester receives its own CDBG, HOME and ADDI allocations. The Village of East Rochester and Town of Brighton have pursued funding through the New York State Small Cities program with varying degrees of success.

Monroe County began the Urban County re-qualification process for the 2006-2008 program years in April 2005. By the HUD-imposed May 27<sup>th</sup> response deadline, none of the current members of the consortium chose to leave the consortium for the next three-year renewal period.

Invitations to join the consortium were extended to the Town of Brighton and the Town/Village of East Rochester. By the May 27<sup>th</sup> deadline, both Brighton and East Rochester returned executed and notarized cooperation agreements along with certified Board resolutions authorizing membership in the consortium. CDBG, HOME and ADDI-funded programs and services will resume for the residents of Brighton and East Rochester on October 1, 2005. Both municipalities will be eligible to submit proposals for CDBG project funding in 2006.

Currently, there are 51 block groups, known as Low Mod Areas (LMAs) that are eligible for funding in Monroe County's upper quartile. Municipalities with eligible block groups are the Towns of Chili, Clarkson, Gates, Hamlin, Henrietta, Ogden, Parma, Penfield, Perinton, Pittsford, Riga, Ogden, Sweden and Webster and the Villages of Brockport, Fairport, Hilton, Scottsville, Spencerport and Webster. The greatest concentrations of low-mod block groups are in the Towns of Chili, Hamlin, Henrietta, Penfield and the Village of Brockport. There are six municipalities that do

not have any eligible block groups: the Towns of Mendon, Rush and Wheatland and the Villages of Churchville, Honeoye Falls and Pittsford.

Monroe County will ask HUD to re-calculate the eligible low-mod block groups to reflect the expanded consortium membership for the 2006-2008 program years.

#### **B. Allocation History**

Monroe County's ability to fund the programs and projects contained in the Strategic Plan is directly related to the level of funding available from the Federal government, as well as our ability to leverage additional funds from other sources. To put this in the proper context, it's necessary to look at the cumulative impact over three-year consortium membership periods. During the 2000-2002 program years, CDBG funding totaled \$6.27 million, but during the 2003-2005 period, funding fell to \$5.34 million, a loss of close to \$1 million over a three-year period. In addition, program income (interest on outstanding loans and other repayments) also declined during this time, further limiting the funds Monroe County has available for eligible CDBG activities.

For purposes of this five-year plan, CD is making the assumption that the CDBG allocation will remain the same, or decline; the HOME allocation will remain constant or increase slightly; and, the ADDI allocation will vary through the 2007 original authorization period. Given the funding constraints of the Federal government and proposals to significantly alter the CDBG program, CD does not consider it prudent to put together a plan with overly optimistic funding expectations. The 2006 allocations will provide the first indication of positive funding adjustments as a result of the newly expanded consortium. It is hoped that the combined allocations will continue to total slightly more than \$3 million annually during the five-year period.

#### **C. Program Goals**

CDBG, HOME and ADDI funds will be directed toward accomplishing the following primary program goals and objectives during the 2005-2010 period:

- a) Develop affordable rental and homeownership opportunities for all low to moderate-income residents, without discrimination
- b) Repair and conserve existing housing stock
- c) Improve access to and quality of public facilities
- d) Provide essential utility infrastructure in lower income areas
- e) Provide job training and economic development opportunities for low to moderate-income persons and persons with special needs
- f) Provide essential public services, particularly those that promote homeownership, fair housing and housing stability
- g) Revitalize deteriorated neighborhoods

The County's key strategies developed to meet CDBG, HOME and ADDI goals to assist low to moderate-income families, elderly, and persons with special needs include: improving existing housing conditions and preserving housing stock through the Home Improvement Grant and Loan Programs; public facility and accessibility improvements in suburban towns and villages; utility infrastructure improvements; reducing costs for rental housing projects involving real property acquisition, certain pre-construction costs, off-site improvements and limited on-site improvements, and building renovation/conversion or construction to facilitate the provision of affordable

rental units; and, increasing homeownership and rental housing opportunities for these groups through the provision of programs such as First-Time Homebuyer and Affordable Rental Housing Development.

#### D. Citizen Participation

CD followed its established Citizen Participation Process to formulate these priorities and strategies, incorporating public comments received at the January 2005 public hearing and comments from the focus groups held after the Steering Committee meeting in December 2004. Apparent among the needs expressed are affordable housing for all household types, accessibility modifications for the physically disabled and projects, programs, and housing for the elderly.

As part of this Strategic Plan, CD seeks to evaluate the Citizen Participation Plan to make the project review process and plan development process more efficient. Currently, public notice and the draft plans are released one month before the matter is sent to the Monroe County Legislature for consideration. Under the current plan, the Legislature is the last entity to review the plans and projects contained therein, after public notification and comment have been provided. Also, members of the public should be given an opportunity to comment on the complete plan that is sent to HUD, and currently, that opportunity is not available since the draft may contain less narrative information than the final plan. Under a revised Citizen Participation Plan, one plan would be released on or around May 1, at the same time the matter is introduced in the Legislature, with a thirty-day comment period. Public notice would be provided at the time the plan is released, and the public hearing and steering committee would be held during this time, as well. The process would conclude with the incorporation of public comments before the Legislature acts on the matter at its June meeting.

CD also seeks to review the formula and membership of the Steering Committee. Over time, the formula may not have been adhered to and membership may not be current. The Steering Committee serves in an advisory capacity in regard to the County's Community Development initiatives and is charged with the following responsibilities: analyze, measure and determine housing, public works, ADA and facility improvements, economic development, planning and public service needs for their residents, with an emphasis on the needs of low-mod income, elderly, disabled and homeless persons in their communities; identify existing resources to meet the needs as well as existing gaps in services unmet by other programs; advise CD Staff in the formulation of objectives, strategies; assist in the evaluation of the Consolidated Plan; and, help to assess the effectiveness of meeting the established needs with the use of Consolidated Plan resources.

The core membership of the Steering Committee will continue to include the Supervisors and Mayors of the municipalities that are members of the consortium. To more effectively plan for the County's community development needs, and to comply with HUD guidelines, it may be useful to incorporate additional members of the public, business persons and persons involved in community and housing development into the Steering Committee. In addition, with the advent of the Internet and distribution of information on compact disc, methods of information distribution have expanded, and it is necessary to review our information distribution system to ensure that it is as accessible, comprehensive and cost effective as possible. All other components of the Citizen Participation Plan will remain the same.

Many long-standing programs that will continue for the duration of this plan are described below. Specific program and project goals are included in the annual Action Plan.

#### **E. Housing Rehabilitation**

CD has administered a housing rehabilitation program since 1976, and until last year, the program requirements for grant assistance had not changed significantly since 1992. Upon consultation with HUD, the County adjusted the grant guidelines to expand service to moderate-income homeowners in 2004.

The Home Improvement Program (HIP) helps low to moderate-income income residents finance home repairs to correct serious housing deficiencies, such as obsolete or dangerous electrical, heating or plumbing systems, structural repairs such as roof, foundation, windows, exterior painting and siding, and accessibility improvements such as ramps, doorways and bathrooms. Ordinary maintenance, remodeling and cosmetic improvements are generally not eligible. These projects have become more expensive due to the increase in construction materials costs and implementation of federal lead-based paint regulations (24 CFR 35, Requirements for Notification, Evaluation and Reduction of Lead-based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance) under sections 1012 and 1013 of the Residential Lead-Based Paint Hazard Reduction Act of 1992. These regulations, effective January 2002, have had a significant impact on the administration of the CDBG and HOME Programs, particularly the cost of housing rehabilitation project completed as part of the Home Improvement Program.

Effective October 1, 2004 Monroe County made the \$7,500 grant level available to households with incomes at or below 60% AMI, increasing the limit from 50% AMI. For households with incomes at 61-80% AMI, Monroe County offers a grant up to 50% of project costs to be used in partnership with a 50% homeowner contribution. The homeowner contribution may be in the form of homeowner funds, funds from another source or a low-interest (3%) loan from the home improvement revolving loan fund. Project amounts above \$7,500 continue to be reviewed on a case-by-case basis, particularly for projects that involve the use of lead-safe work practices.

Program requirements for accessibility grants have not changed. Households with a disabled member with incomes at or below 80% AMI remain eligible for a grant of up to \$2,500 for accessibility improvements. The County does not offer repeat grants. All other existing policies and procedures for the housing rehab program remain in effect.

To date, the program changes have increased the number of program applicants and it appears to have captured the number of applicants whose income slightly exceeded former program limits. Income limits were increased by HUD effective March 31, 2004. HIP income limits are adjusted annually when new income limits take effect for the HOME program. CD will continue to monitor the effectiveness of the current income limits and make adjustments should the level of program participation warrant. HIP Loan activity has increased, but loans remain a very small percentage of housing rehabilitation activity.

Traditionally a program comprised of one and two-person elderly households, the trend of recent application profiles shows a marked increase in the number of families with children, particularly one and two-parent households with three or more

children, and extended family living arrangements. CDBG and HOME fund this popular and essential program.

**F. Home Ownership & First-Time Homebuyer Assistance**

First-time homebuyer assistance is provided through the Homeownership Program, which is administered by Providence Housing Development Corporation.

In 2004, HUD established the American Dream Downpayment Initiative (ADDI) under the HOME Program. Separate formula grants have been allocated to participating jurisdictions receiving HOME funds for the purpose of providing downpayment assistance to low-income families who are first-time homebuyers for the purchase of single family housing that will serve as the family's principal residence. In order to receive this ADDI allocation, Monroe County is required to address the use of the ADDI funds in its Strategic Plan in accordance with 24 CFR Part 91. As referenced earlier, the initial authorization for this program is through FY 2007.

The statutory requirements established that FY 2003 ADDI funding was subject to HOME match requirements. 2003 ADDI funds were also eligible for inclusion in the calculation of the 10% HOME administration limit, but could not be used for administrative costs. Match requirements and administrative eligibility for inclusion do not apply to the 2004-2007 ADDI allocations.

ADDI funds are administered in concert with the County's existing HOME-funded First-Time Homebuyer Program, which is operated under contract by Providence Housing Development Corporation. ADDI subsidy is primarily targeted to families with incomes at or below 50% AMI, and those with disabilities. Subsidies are allocated based on the buyer's need, with a minimum of \$1,000 and maximum of \$10,000 per family. The existing First-Time Homebuyer Program continues to provide HOME subsidy to program participants primarily with incomes between 50% and 80% AMI.

Under the Homeownership Program, participants are provided with extensive one-on-one and group counseling and education. Providence staff have received thorough training and certification in housing counseling, homebuyer education and housing finance. All program participants receive: personal one-on-one credit and household financial counseling; pre-purchase financial assessments and homeownership education; development of a personalized work plan, discussion of mortgage products; eight-hour educational workshop tailored to the first-time homebuyer, including a home maintenance component; guidance throughout the entire home buying process; packaging of all available program subsidies; and, post-purchase follow-up counseling.

Monroe County's existing Homeownership Program resale/recapture provisions also apply to recipients of ADDI funds, specifically the recording of a five-year Note and Mortgage on each property receiving subsidy allocations. This ensures that notification is received when families are intending to sell, transfer or refinance their home during the five-year affordability period. All requests for release or subordination of these mortgages will initiate contact between the homeowners and program counselors to ensure that they are making prudent financial decisions and maintaining the long-term affordability of their homes.



Newly constructed housing is often a desirable option for first-time homebuyers. While the County's existing Homeownership Program allows for the purchase of a newly constructed home, the sales price of newly constructed housing is often cost prohibitive without additional subsidy from one or more sources. A program strictly for the purchase of newly constructed housing has not been part of CD's HOME program for several years, and a void exists in this area. Past efforts of this type were met with great success. As part of this Strategic Plan, CD intends to pursue the development of newly constructed houses for first-time homebuyers through various partnerships and direct subsidy through the HOME program. This program may be scattered site, single site, mixed use and/or mixed income. This initiative will begin during the 2005 program year, and depending upon success, may be repeated. Incorporating new construction into the County's housing portfolio will complete the full spectrum of housing options that Monroe County seeks to offer low to moderate-income families, seniors and persons with special needs.

#### **G. Public Facilities Improvements**

The need for public facilities improvements remains high in the suburban towns and villages, particularly in communities with greater concentration of low to moderate-income areas and/or aging facilities and infrastructure. This demand will increase with the addition of two municipalities to the consortium. Public Facility Improvements that improve accessibility to public facilities, neighborhood parks and recreational areas remain a high priority in this plan. Utility infrastructure, particularly water and sewer lines to provide water for household consumption, fire protection and adequate drainage to prevent flooding remain high priorities as do safe sidewalks. These priorities continue to be reinforced by the project proposals submitted by consortium communities and focus group responses.

#### **H. Economic Development**

The Revolving Economic Development Grant and Loan Fund is the primary economic development tool used for the creation and retention of jobs for low to moderate-income persons. The fund provides low-interest loans and grants to local companies for equipment acquisition, infrastructure and leasehold improvements, real estate and working capital activities involved in business start-ups, expansions and relocations. These funds are often merged with an array of other public resources in an effort to leverage private capital investments by new and existing businesses for job growth. The portfolio currently includes twenty-five loans. Loan repayments are also the primary source of program income, which expands funding opportunities for all program applicants. The Revolving ED Grant and Loan Fund is funded by CDBG.

#### **I. Public Services**

The fifteen-percent cap on expenditures for essential public services has prompted CD to assess the core community services that limited CDBG funding can sustain. A consequence of reduced CDBG allocations is an even smaller amount of funds that can be committed annually to community services, which precludes funding all existing public services, new public services or offering service expansions. Loss of funding and the cap on public services has had a negative impact on the level of community services that CD is able to provide, and only an increased CDBG allocation will expand the level of community services that is provided. Under this strategic plan CD intends to provide core community services that primarily promote homeownership, fair housing and housing stability. Increased funding would allow

CD to look beyond these core services and fund additional community services. Community Services are funded through CDBG.

#### J. Affordable Housing Development

The goals of the HOME Program were developed to address the priority housing needs of low to moderate-income families, elderly persons, homeless persons and persons with special needs.

Monroe County's objectives to provide affordable housing opportunities and ensure fair housing choice address the six areas of priority housing needs: a) Preserve existing single-family units through the continuation of the Home Improvement Program; b) Expand homeownership opportunities through the First-Time Homebuyer Program, including assistance to access the single-family housing market; c) Expand development of additional rental units through the Affordable Rental Housing Development Program to provide quality rental housing for low to moderate-income elderly and handicapped/disabled households (with supportive services) and families; d) Provide education and counseling services that promote homeownership and housing stability; e) Support and expand coordinated planning efforts to secure and distribute Section 8 Program rental housing certificates/vouchers, including project-based assistance in suburban Monroe County; and, f) Assist homeless persons, through the Homeless Continuum of Care, to secure supportive housing (emergency, transitional and permanent) and services necessary to achieve independent living.

Integral to these programs are the array of housing counseling services offered through the CDBG program: fair housing, foreclosure prevention and predatory lending, landlord/tenant counseling, and homeownership counseling

Monroe County administers a competitive process for distribution of HOME funds for the development of affordable rental housing. Fifteen percent (15%) of each federal allocation is reserved for Community Housing Development Organizations (CHDOs). Monroe County does not predetermine the use of HOME funds by activity or tenure type. The amount of funds that will be allocated for each activity or tenure type is based on the applications submitted, the competitive criteria of the activity and the extent to which proposals are consistent with the priorities identified in the Strategic Plan.

Proposals for the development of affordable rental housing for families, the elderly and persons with special needs are selected through a competitive process. To the extent feasible, the County will allocate available program resources to meet housing needs in an equitable geographic distribution across the County. Applications that have the greatest likelihood of being funded should efficiently produce a quality, affordable housing product, provide the greatest number of units for the longest period of time and serve the lowest income residents to the extent possible. Applications must also respond to a strategy that addresses one or more of the primary housing needs. The release of Monroe County's affordable rental housing NOFA is determined by the application deadline for the unified funding found set by the New York State Division of Housing and Community Renewal (DHCR).

Monroe County initiated the competitive HOME application process in 1993. This process was established to efficiently accommodate potential financing opportunities that may be made available to Applicants through the issuance of other state and



federal NOFAs. Applicants are required to provide documentation needed to determine project feasibility and marketability, including but not necessarily limited to: a feasibility study and market analysis of the proposal; a proposed project financing and leveraging plan; a schedule with specific dates of the expected project commencement date, expected completion date, and if appropriate, the anticipated schedule for closing and occupancy of units; a description of the applicant's qualifications and previous experience; a statement by the applicant on the status of all public approvals and clearances required to undertake the project; a plan on how applicants will ensure compliance with federally mandated regulations throughout the regulatory term; statement describing the amount and source of any matching contributions required for the proposed project; statement of need and how the project meets the County's housing goals.

In selecting from among eligible applications, consideration is given to the extent to which the proposal will serve a demonstrated need; degree to which the proposal leverages private investment or other funding; likelihood of successful project completion, including consideration of the market analysis submitted, prior experience of the applicant, viability of the submitted completion schedule, and type of assistance requested.

All funded HOME projects remain affordable for the minimum period required by federal regulation and may be regulated for a longer period if other funding is utilized.

Limited and competitive state, federal and local resources for the development of affordable housing and community revitalization, coupled with ever-increasing costs of land acquisition and new construction have made it increasingly challenging to finance affordable housing. Monroe County and the City of Rochester have agreed to pursue the feasibility of creating a local trust fund and are seeking outside assistance in the development of an action plan for creating a trust fund to benefit residents of Monroe County. The City and County agree that the topic is timely and appropriate given the growing gap between traditional housing and development funding sources and community need.

The City and County have suggested a task group or ad hoc committee approach that would involve the City, County, and other community representatives including Interfaith Action, which has been a strong advocate of the trust fund concept. The group would be charged with defining fund objectives, potential sustainable revenue sources, and governance with the goal of completing a report on a plan and implementation agenda by early fall of this year. Depending upon the outcome of initial research, this activity may extend over several years.

#### K. Fair Housing Initiatives

Fair housing is at the cornerstone of Monroe County's housing efforts. HUD requires communities that receive CDBG, HOME and ESG funds to conduct an analysis to identify impediments to fair housing choice; develop and implement an action plan to overcome the effects of any impediments identified; and maintain records reflecting the analysis and actions in this regard, in order to continue to qualify for funding.

In the mid-1990's the four HUD entitlement communities within Monroe County (City of Rochester, Monroe County, and Towns of Greece and Irondequoit) agreed to

coordinate efforts to comply with these HUD requirements. RHA also partners with the four entitlement communities in this effort.

In 1996, the four entitlement communities completed, with the help of a consultant, the first Analysis of Impediments to Fair Housing Choice in Monroe County (AI). The AI served as a basis for the development of 81 strategies to address the many interrelated factors that affect housing choice in the community.

Once the strategies were identified, the Sponsors moved to develop and implement an action plan. Since writing the Action Plan, the Sponsors act as a "Board of Directors" overseeing Community Choice Action Plan activities and collaborating with the Community Choice Advisory Committee. In 1997, the Sponsors designated The Housing Council as the Program Administrator of the Action Plan. The Housing Council was charged with the responsibility of administering the planning efforts and oversight recommendations of the Community Choice Advisory Committee and providing Action Plan support services.

The Sponsors appointed the Community Choice Advisory Committee in 1998. Representation on the group is by formula, and the Sponsors made appointments. The Committee is an independent group dedicated to advancing housing choice through implementation of the Action Plan. In early 1998, reports from the five strategy development taskforces were used to prioritize the 81 strategies and determine which would be undertaken during the first phase of the Action Plan. The first 49 priorities are included in the Community Choice Action Plan - Phase I, April 1998.

In 1999, The Housing Council produced the first Phase I Community Choice Action Plan Progress Report. A second Phase I Community Choice Action Plan Progress Report was completed in September 2002. This progress report describes activities and progress for the period September 1999 to December 2001. The Sponsors addressed 44 of the 49 Phase I strategies. Fifteen additional strategies that were not included in Phase I have also been addressed. Throughout 2002, the Sponsors discussed the possibility of conducting an updated AI.

Since 2001, the Advisory Committee has expanded outreach and educational activities, primarily through the use of two televised documentary videos, "Your Community, Your Choice" in 2001 and "Your Community, Your Home" in 2003.

Monroe County and the Towns of Greece and Irondequoit released a request for proposals (RFP) in June 2003 to select a consultant to conduct an AI. The consultant, The Housing Council, was selected in August 2003 to complete the study by August 2004. Public meetings were held in the Town of Greece (4/14/04) and Town of Perinton (4/29/04) to provide an opportunity for resident concerns regarding impediments and community needs to be expressed. The Housing Council conducted fifteen focus groups to solicit ideas and receive input as part of their research. The Housing Council has adhered to HUD guidelines and requirements in conducting the AI as specified in the Fair Housing Planning Guide which includes the following activities as part of the AI Work Plan: a comprehensive review of the jurisdiction's laws, regulations, and administrative policies, procedures and practices; an assessment of how those laws, etc. affect the location, availability and accessibility of housing; an assessment of conditions, both public and private, affecting fair housing choice for all protected classes; and, an assessment of the availability of affordable, accessible housing in a range of unit sizes.

At this time the AI is still underway. The Housing Council is nearing completion of the report. Until the report is complete, it is assumed that the Community Choice Action Plan remains in effect, however, funding for the Community Choice Advisory Committee expired at the end of the 2003 program year. The group will not meet again until the AI is complete, at which time the group will be given the first opportunity to review the AI and make initial recommendations. The consortium steering committee will also be given an initial opportunity to review the AI and make recommendations.

The City is completing its AI, as well, and upon completion, there may be opportunities for coordinated partnerships on fair housing activities. A key objective of this Strategic Plan is to implement recommendations from the AI in order to enhance the housing choice options that are available in suburban Monroe County.

#### **L. Homeless Continuum of Care (CoC)**

The lead entity for the Continuum of Care planning process is the Rochester/Monroe County Homeless Continuum of Care Team (CoC). The CoC Action Plan provides a framework enabling the community to address homelessness and its underlying causes and to develop a comprehensive, coordinated system of homeless services to help individuals and families achieve independence. It describes a system that ranges from emergency housing and supportive services to permanent housing with homeless prevention and supportive services needed by homeless individuals and families to achieve independent living. These housing options and services support homeless individuals and families, and provide homeless prevention and construction of permanent housing. Specifically, continuum services and housing alternatives include outreach, supportive services, emergency shelters, transitional housing and permanent supportive housing. The System's goal is to appropriately transition individuals from homelessness to their maximum level of self-sufficiency.

Monroe County and the City of Rochester first convened the Continuum of Care Team in 1994, when HUD announced its homeless continuum of care strategy. The Team is comprised of Five (5) Sponsors and Community-Based Planning Participant Organizations / Individual(s). The Monroe County Sponsor has designated representatives from the Departments of Planning & Development, Department of Human Services (MCDHS), Office of Mental Health, and the Rochester/Monroe County Youth Bureau. The City of Rochester Sponsor has designated representatives from the City of Rochester Bureaus of Housing and Project Development, Human Services, and Buildings and Zoning. The Homeless Services Network (HSN) Sponsor (a consortium of more than 50 homeless service providers) elects two (2) representatives; and both the United Way of Greater Rochester and Rochester Housing Authority Sponsors have a designated representative. In addition, a community-based planning participant (formerly homeless) individual is a representative; and a non-profit community-based planning participant organization, Providence Housing Development Corporation, has designated two (2) representatives. The Team is continuing to diversify and broaden community-based participation by adding representatives from Citibank, Neighbors Building Neighborhoods and The Housing Council.

The mission of the CoC Team is to develop, maintain, monitor and continuously improve a comprehensive, flexible and coordinated continuum of care system of services for homeless individuals and families. The Team works to accomplish this

mission through direct planning of services, coordination of services across the continuum, integration of services with mainstream community resources and monitoring of service delivery outcomes.

The CoC Team convenes monthly. Sub-committee meetings are held on a regular basis and special ad-hoc meetings are convened as necessary. The Team is responsible for initiating CoC activities, monitoring their progress, measuring their success, and communicating outcomes and progress to the community. Specific activities include:

- a) Incorporating the needs of the homeless into planning documents of respective Sponsors and organizations
- b) Developing the CoC Action Plan to describe a comprehensive process for addressing the homeless housing and supportive service needs
- c) Overseeing the CoC Action Plan to ensure continuous coordination with all existing and proposed supportive service and housing programs / projects
- d) Establishing a Monitoring Plan to assess annual performance of existing HUD funded programs/ projects to ensure compliance with proposed outcomes, and/or provide assistance and support to aid in doing so
- e) Annually, ensuring that a process is in place to collect, aggregate and analyze needs assessment data and demographic information that is compiled by providers, homeless individuals, and government agencies to identify and measure gaps, needs and shifts in the homeless population, including specific sub-populations
- f) Annually, in accordance with HUD's requirements, participating in the development of a coordinated and equitable CoC Super NOFA process to: coordinate and administer the local process for Super NOFA applicants; review and rank eligible CoC Super NOFA applications per CoC priorities; and, update the CoC Super NOFA Exhibit I for submission to HUD

HUD has required the implementation of Homeless Management Information System (HMIS) as a tool of gathering accurate information about the homeless population. These systems were to be fully functional by October 2004. Funding for the purchase of HMIS software, hardware, etc. was approved in the 2002 Homeless CoC Super NOFA. The Catholic Family Center, the lead agency for the HMIS project in Monroe County, submitted their technical submission to the HUD Buffalo Office. The CoC sponsors have entered into a Memorandum of Understanding with Catholic Family Center that covers the implementation and maintenance of the HMIS system. The selected vendor was Service Point, and training for the system is currently underway. It is anticipated that the HMIS will be operational by the third quarter of 2005; by phasing in providers to ensure the system is functioning, as it should. The CoC will be responsible for the continued operation of the HMIS during the five-year period of this plan.

CD participates on the HMIS Subcommittee; the 10-Year Plan to End Homelessness Subcommittee and the Emergency Shelter Plan Subcommittee.

These are the primary programs and new initiatives that will be addressed throughout the five-year planning period. Annual initiatives and project goals are addressed in the Annual Action Plans.

## Strategic Plan

Due every three, four, or five years (length of period is at the grantee's discretion) no less than 45 days prior to the start of the grantee's program year start date. HUD does not accept plans between August 15 and November 15.

### Mission:

To improve the quality of life for low to moderate-income families, seniors and persons with special needs in suburban Monroe County by providing affordable rental and homeownership opportunities, without discrimination, repairing and conserving existing housing, financing public facilities and infrastructure improvements, creating and retaining jobs, and funding public services that stabilize and enhance living conditions.

## General Questions

1. Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.
2. Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) and the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)).
3. Identify any obstacles to meeting underserved needs (91.215(a)(3)).

### 3-5 Year Strategic Plan General Questions response:

#### 1. Geographic Areas in which Assistance Will Be Directed

The CDBG program currently operates in 16 towns and 9 villages in suburban Monroe County. All municipalities in Monroe County are consortium members excluding the Towns of Brighton, Greece, Irondequoit, the City of Rochester and the Town/Village of East Rochester. The Towns of Greece and Irondequoit are members of the HOME Program consortium, which has a total membership of 18 towns and 9 villages. The Towns of Greece and Irondequoit and the City of Rochester receive their own CDBG grants from HUD.

There are currently 51 block groups eligible for funding in Monroe County's upper quartile, known as low mod areas (LMAs), where low to moderate-income residents range from 33.6% to 82%. LMAs are located in the towns of Chili, Clarkson, Gates, Hamlin, Henrietta, Ogden, Parma, Penfield, Perinton, Pittsford, Riga, Sweden and Webster and the Villages of Brockport, Fairport, Hilton, Scottsville, Spencerport and Webster. Six municipalities do not have any LMAs: the Towns of Mendon, Rush and Wheatland and the Villages of Churchville, Honeoye Falls and Pittsford. Areas with the greatest concentrations of LMAs are Brockport, Chili, Gates, Hamlin (the entire town), Henrietta and Penfield.

The suburban towns are often referenced in three categories: inner-ring, outer-ring and rural towns. Inner-ring towns are those that immediately surround the City of

Rochester, including Greece, Brighton, Gates and Irondequoit. Outer-ring towns immediately surround or are adjacent to the inner-ring towns, such as Henrietta, Penfield and Chili. Rural towns radiate the furthest from the City of Rochester and include, Riga and Hamlin. Much of the demographic data gathered from Census 2000 is provided in these categories.

Except for the Towns of Perinton, Pittsford and Rush, at least 20% of the population in each town in Monroe County has incomes at or below 80% of the area median income (AMI). The largest percentage of low to moderate-income persons are in the Towns of Clarkson, Gates, Greece, Hamlin, Henrietta, Irondequoit, Parma and Sweden, where at least 30% of the population is at or below 80% AMI.

Since the Town of Brighton and the Town/Village of East Rochester are joining the Monroe County Consolidated Plan Consortium for the 2006-2008 program years, Monroe County will ask HUD to recalculate the LMAs based on the new membership for this period. These changes will be reflected in the 2006 Action Plan, but public services for residents of these communities will resume on October 1, 2005.

In 2000, seniors increased over 21% in suburban Monroe County to comprise 11% of the County's total population. Seniors 75+ increased 55% and those 85+ increased 65%. Twenty percent (20%) of seniors over 65 years of age and 30% over 75 have chronic self-care or mobility limitations. The Towns of Clarkson, Gates, Greece, Irondequoit, Parma, Pittsford, Rush and Webster claim the greatest percentage of seniors over age 65. At least 10% of the population in each of the aforementioned towns is seniors.

National population trends contained in the 1998 report, *Housing in the New Millennium*, suggest a robust housing market in the future, with population trends supporting a strong housing demand. However, population growth is not the only factor that contributes to housing demand. Age distribution and its impact on household formation are also very important factors to look at in predicting the demand for housing.

Currently, the largest age group is the 24-44 group and by 2010, the largest age group will be those aged 45-65. The age group of people 65 years and older is also expected to expand. This shifting of the population is the result of three major generations born in the 2nd half of the 20th Century that should continue to impact household formation and housing needs in the next century. The three (3) major generations are:

- A. The "Baby Boomers" (born between 1946-1964)
- B. The Baby Bust "Generation X" (born 1965-1979)
- C. The Millennium Generation "Generation Y" (born 1980-1999)

- According to Census 2000, white people remained the majority at 79%, or 582,000 residents, of the overall Monroe County population. The white population, however, decreased by 3.4% or over 20,000 residents since 1990.

- As a whole, the County became more diverse between 1990 and 2000. African Americans still constitute the largest minority group at 38%, or 101,000, and their number increased 19.6% or 16,548 in 2000.



- The suburbs having the greatest concentrations of African Americans are the Towns of Greece (2,712), Henrietta (2,708 or 6.9% of its population), Gates (1,868 or 6.4% of its population) and Irondequoit (1,857).
- Asian and Pacific Islanders made up 2.4% of the County's population in 2000, or 18,000 residents. This is a 52% increase (6,100 residents) since 1990. Immigration spurred a growth in these numbers with the largest concentration of 8% living in the Town of Brighton. Other towns ranking high in Asian Pacific Islander residents are the Town of Henrietta (2,143), the Town of Greece (1,403) and the Town of Perinton (1,309).
- Hispanics make up 5.3% of the County's population or 39,000 residents. The Hispanic population increased 58% or over 14,000 residents in 2000. Towns with the highest concentrations of Hispanics are the Towns of Greece (2,404), Irondequoit (1,602) and Henrietta (1,181). The Town of Greece has the highest number of American Indian and Alaskan Natives (227 residents). Almost 2% of County residents categorized themselves as belonging to more than one race. Most of these residents live in the Towns of Greece (over 1,050) and Henrietta (about 800). Nearly 2.5% of residents in Monroe County categorized themselves as "other race" on the 2000 census forms. Most of these residents live in the Town of Greece, where over 800 persons categorized themselves as "other race."
- Census 2000 data indicates that Monroe County's population increased by 21,375 residents. The white population in the City is no longer the majority as this population dipped to 48% of the City's population. Additional demographic information is reported in the Priority Housing Needs and the Housing and Market Analysis sections. Demographic charts that detail fully these demographic shifts are included in the Appendix.

## 2. Basis for Allocating Funding and Assigning Priority

Projects funded must meet one of the HUD national objectives to benefit low/mod income residents or protected classes, prevent or eliminate slums and blight or meet an urgent need that threatens the community. Projects must also meet one of the overall consolidated plan goals to provide decent housing, to provide a suitable living environment, or to expand economic opportunities for eligible residents. In addition, projects must meet one of the following program objectives: develop affordable rental and homeownership opportunities for all low to moderate-income income residents, without discrimination; repair and conserve existing housing stock; improve access to and quality of public facilities; provide essential utility infrastructure in lower income areas; provide job training and economic development opportunities for low to moderate-income persons and persons with special needs; provide essential public services, particularly those that promote homeownership, fair housing and housing stability; revitalize deteriorated neighborhoods.

CD administers a competitive application process for the CDBG program. Due to fluctuations in funding, Monroe County does not make multi-year funding awards. Grants for projects and programs are awarded for one-year periods, and entities seeking renewals are required to submit a competitive application. Towns and Villages also compete through the application process. CD does not use standard allocations because needs vary by municipality over time. Monroe County makes every effort to distribute resources equitably throughout the community based on need. Further, CD has not established a maximum project award to municipalities;

however, declining resources make it challenging to fund the majority of consortium communities on an annual basis.

Additional criteria used in CDBG project selection includes the amount of matched contribution by the applicant, project readiness, funding equity in terms of previous grants received, feasibility of estimated project costs, and severity of project need. Community services are required to meet a 1:1 match contribution from applicants because funds in general are limited and community services, in particular, are highly competitive due to the 15% threshold.

### 3. Obstacles to Meeting Underserved Needs

The greatest obstacle to meeting underserved needs through the CDBG, HOME and ADDI allocations is limited funds. Government funding is strained at all levels, and, in all likelihood, no government-funded program has enough funds to meet all of the needs that could be met for the targeted population of the program. The demand for CD resources continues to increase, due to tight town and village budgets and cuts to community service agencies by other public and private funding sources. The HOME program funding, while variant, has been on an upward trend, which gives the County increased opportunities to expand its housing efforts for the underserved. The advent of the ADDI program has further increased our ability to expand home ownership opportunities to persons at lower income levels. CDBG, on the other hand, with many objectives and diminishing resources, presents significant challenges to an urban county. Because our funds are so limited, the overall impact we can make in each of our priority areas -- housing rehabilitation, economic development, public facilities and community services -- may appear limited at times. This presents a particular challenge in the area of community services. In order to make an impact and reach a larger audience, our funds will need to be used to leverage additional funds instead of serving as the primary source of funds for community service programs.

## **Managing the Process (91.200 (b))**

1. Lead Agency. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.
2. Identify the significant aspects of the process by which the plan was developed, and the agencies, groups, organizations, and others who participated in the process.
3. Describe the jurisdiction's consultations with housing, social service agencies, and other entities, including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, and homeless persons.

\*Note: HOPWA grantees must consult broadly to develop a metropolitan-wide strategy and other jurisdictions must assist in the preparation of the HOPWA submission.

### 3-5 Year Strategic Plan Managing the Process response:

1. Lead Agency

Monroe County is the lead agency that oversees the Consolidated Plan through the seven-person Community Development (CD) Division of the Department of Planning and Development. Programs are administered by the CD staff with assistance from the three other divisions of the Planning and Development Department, as well as municipal consortium members and private sector subrecipients. CD staff administer the Home Improvement Program and contracts with towns, villages, subrecipients and first-time homebuyers. The Economic Development (ED) Division of the Department administers the CDBG-funded Revolving ED Grant and Loan Fund, the Section 108 Loan Guarantee Program and a wide variety of County business incentive programs. The Planning Division evaluates municipal planning and development activities including CDBG infrastructure projects and HOME-funded affordable rental developments. The Workforce Development Division of the Department serves as a resource for programs and other funds that address employment and training needs of the unemployed and underemployed.

Non-profit subrecipients responsible for administering programs covered by the Plan include The Housing Council, Providence Housing Development Corporation, LIFESPAN and the Rochester Business Alliance.

## 2. Significant Aspects of Plan Development and Other Participants

Many aspects of the five-year plan were developed in conjunction with the development of the first year action plan. County inter-departmental consultation and collaboration with municipal members of the Monroe County Consolidated Plan Consortium and related public and private-sector agencies, boards and committees is vital to the development of the five-year plan, as well as the action plans. (Specific agencies, groups and organizations are identified below.) The process began last May (2004) at the Steering Committee in order to begin gathering input from committee members on long-term community development needs. The discussions continued at the December 2004 Steering Committee meeting in the form of four focus groups to gather input on County and suburban community development needs and strategies to meet those needs. Further input was obtained at the January 2005 public hearing. The draft Strategic Plan was developed based on the priorities identified by the Steering Committee. The draft was reviewed within the Department and by the County Executive. It was then presented to the public, the Steering Committee and the County Legislature for a thirty-day comment period. A public hearing and Steering Committee meeting were held during this time to gather further input. The matter was reviewed by two standing committees of the Legislature and later approved by the full Legislature on June 14, 2005. Each of these entities plays a key role in the formulation of projects, integration of community-wide goals and objectives and overall program development.

## 3. Consulting Agencies

Affordable Housing Needs and Strategies: United Way of Greater Rochester, Greater Rochester Housing Partnership, The Housing Council, Bishop Sheen Ecumenical Housing Foundation, Rochester Housing Authority, Urban League of Rochester, Habitat for Humanity, Fair Housing Coalition, County/City Community Choice Advisory Committee, Greater Rochester Association of Realtors, Rochester Home Builders Association, Conifer Realty, The DiMarco Group.

CHDOs Providing Input on Housing Issues: Rural Housing Opportunities Corporation, Housing Opportunities, Inc., Heritage Christian Services, ISLA Housing and Development Corporation and Providence Housing Development Corporation.

Homeless Issues: County/City Homeless Continuum of Care (CoC) Team, MCDHS (primary consultant and provider of services), MC Office for the Aging, MC Office of Mental Health, Rochester/Monroe County Youth Bureau, Salvation Army, The Housing Council, RHA, Unity Health, Catholic Family Center and United Way.

Elderly Needs and Strategies: MC Office for the Aging, MC Health Department, Lifespan, MC Council of Elders and affordable housing developers (listed above).

Lead-Based Paint Hazards: MC Health Department, Environmental Protection Agency and environmental consulting firms.

Disabled Needs and Strategies: Regional Center for Independent Living, Center for Disability Rights, Lifetime Assistance, Inc., Continuing Developmental Services, Inc., Rochester Rehabilitation Center, Monroe Community Hospital, The Housing Council, MCDHS.

Persons with AIDS: AIDS Rochester and Monroe County Health Department.

Economic Development and Employment Issues: Rochester Business Alliance, Small Business Administration, Rochester Works, Inc., County of Monroe Industrial Development Agency (COMIDA) and Greater Rochester Enterprise (GRE).

## **Citizen Participation (91.200 (b))**

1. Provide a summary of the citizen participation process.
2. Provide a summary of citizen comments or views on the plan.
3. Provide a summary of efforts made to broaden public participation in the development of the consolidated plan, including outreach to minorities and non-English speaking persons, as well as persons with disabilities.
4. Provide a written explanation of comments not accepted and the reasons why these comments were not accepted.

\*Please note that Citizen Comments and Responses may be included as additional files within the CPMP Tool.

3-5 Year Strategic Plan Citizen Participation response:

1. Summary of Citizen Participation Process

The Consolidated Plan Steering Committee plays an integral role in the development of the Strategic Plan as well as the Annual Action Plans. The Steering Committee is comprised of town and village officials who are members of the County's Community Development Consortium. The Steering Committee is a vital consultant on the identification of municipal needs of low/mod income families, senior citizens, disabled persons and homeless persons, the identification of existing resources to meet the

needs, the formulation of objectives and strategies, and the evaluation of the Plan and program assessment. The group is charged with the following responsibilities: analyze, measure and determine housing, public works, ADA and facility improvements, economic development, planning and public service needs for their residents, with an emphasis on the needs of low-mod income, elderly, disabled and homeless persons in their communities; identify existing resources to meet the needs as well as existing gaps in services unmet by other programs; advise CD Staff in the formulation of objectives and strategies; assist in the evaluation of the Strategic Plan and Annual Action Plans; and, help assess the effectiveness of meeting the established needs with the use of available resources.

**Public Hearings** - Monroe County will continue to hold two public hearings annually at a variety of convenient, accessible locations that are wheelchair accessible and equipped with hearing loops. Bilingual interpreters will be provided, upon request, to translate policies and program requirements for non-English speaking residents. The first hearing in January is held to notify the public of the amount of CDBG, HOME and ADDI funds that Monroe County expects to receive from HUD. The second public hearing held in May encourages the public to review and comment on the draft Strategic Plan and the draft Action Plan. Commenters receive a response from the County within 30 days of submitting comments. The final Strategic Plan and final Action Plan are not submitted to HUD without consideration and/or implementation of concerns and suggestions from citizens, public agencies and other interested parties.

**Public Notices** – Monroe County adheres to the public notice requirements as outlined in the CDBG and HOME regulations. Notice of public hearings is provided at least 15-days in advance. The public comment period for the Strategic Plan and Action Plan is 30-days. Projects proposed for funding are summarized in a public notice offering a 30-comment period. The Finding of No Significant Impact on the Environment (FONSI) and Intent to Request Release of Funds (IRROF) is published at least 15 days prior to the request to release funds, usually in August. Notices are published in two newspapers - The Daily Record and the Shopping Bag Advertiser, which is delivered free to residents. The Plan is also available for review on Monroe County's website. A copy of the public notice and an invitation to the public hearing is mailed to Steering Committee members, interested public officials and interested housing and community agencies.

The public is given an opportunity to review the Consolidated Annual Performance and Evaluation Report (CAPER), prepared in October of each year. It contains a summary of accomplishments, status of current projects and an evaluation of progress made throughout the year in addressing identified needs and strategies. It is made available to the public through publication of a summary in The Daily Record and on the Monroe County website. Citizens are given a 15-day public comment period and are encouraged to obtain a complete copy of the CAPER or view it in its entirety on the County website or at our offices.

The Plan is also available for review on Monroe County's website. A copy of the public notice and an invitation to the public hearing is mailed to interested public officials, interested housing and community agencies, and the Steering Committee. This is comprised of town and village officials who are members of Monroe County's Consortium and private citizens who represent low/mod income persons, disabled persons, elderly persons and minority populations.

Review and Approval Process - The Strategic Plan and each annual action plan are reviewed and approved by the County Executive and the Monroe County Legislature. All meetings of the Legislature and its nine (9) standing committees are open to the public and start with a public forum. The Draft Plan is made available to the public for review and comment during the official 30-day public comment period in April and a public hearing is held in May each year. The CD staff responds to comments in early June. The Steering Committee reviews, expresses commentary and ultimately endorses the Draft in May. It is then reviewed, revised and approved by several Legislative committees prior to its final approval by the County Legislature in June. The Draft Plan is revised to incorporate all comments and sent to HUD in June each year.

Amendments to the approved Plan will be made for the following program changes: to make a change in allocation priorities or change the method of distribution of funds; to carry out an activity using funds from any Consolidated Plan program (including program income) not previously described in the action plan; or to make noteworthy changes to the purpose, scope, location or beneficiaries of an activity. Upon completion, amendments will be made public and HUD will be notified. If an amendment reaches \$30,000 or more, a public notice will be provided that includes a 30-day public comment period before the substantial amendment is implemented. Monroe County will consider any comments received in writing in preparing the substantial amendment and a summary of comments will be attached to the substantial amendment.

Monroe County, through its grant agreement with HUD, certifies that it will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) and HUD implementing regulations at 24 CFR Part 42. Monroe County has adopted and certified that it will follow a residential anti-displacement and relocation assistance plan providing one-for-one replacement units and relocation assistance to minimize the displacement of persons eligible for assistance as a result of any activities assisted with the use of federal program funds.

## 2. Summary of Comments

The first public hearing on the development of the 2005-2010 Strategic Plan was held on Friday, January 28, 2005 to obtain public comments and input on the five-year strategic planning process. It was held at the Monroe County Legislature Chambers of the County Office Building, which is ADA accessible. The hearing was videotaped and is available to the public upon request. Dawn Nettnin, Community Development Manager, conducted the hearing and informed the public of the following:

The 2005 HUD allocation is estimated at \$2,979,143. This amount includes \$1,703,300 for the Community Development Block Grant (CDBG) Program, \$1,224,753 for the HOME Investment Partnerships (HOME) Program and \$51,090 for the American Dream Downpayment Initiative (ADDI). Program income for the CDBG and HOME Programs is expected to be \$300,000, for a combined total of \$3,279,143.

Community Development is accepting project proposals for grants that will be awarded August 1, 2005. Project applications are due February 7, 2005. Affordable rental housing applications were due on January 10, 2005. Project proposal forms



were made available to the attendees, who were advised that the CD staff would assist them if they have questions.

All funds will be used to continue existing programs and to identify new housing and community development activities that principally benefit low-moderate income persons. The public is encouraged to participate in the planning process by proposing projects that serve community needs and by commenting on projects proposed by local towns, villages and agencies.

In accordance with federal regulations, a Notice of Funding Availability was published in the January 12, 2005 issues of The Shopping Bag Advertiser and The Daily Record to encourage comments from private citizens, consortium members and community service agencies.

Twenty-three (23) people, including speakers and CD staff members, attended. There were nine (9) public speakers that expressed comments and two (2) citizens who submitted comments in writing. All comments are summarized below:

Suggestions made by a subrecipient provider of housing services were: the community supports and commends Monroe County's affordable housing programs and these services should continue; the County should continue to support affordable rental housing as a priority for all population groups, support a revolving loan fund for predevelopment costs, and offer credit repair services; the County should overcome municipal resistance to rental housing projects; the Analysis of Impediments(AI) should be completed and the County should work with the community on strategies; and a set-a-side of Homeless CofC funds for permanent affordable rental housing should be proposed.

A consultant on affordable housing stressed the need for credit repair to enable residents to secure residential and commercial loans and voiced his support of the County's housing initiatives that assist eligible residents.

Four (4) citizens with physical disabilities commented on housing access topics and two (2) letters were sent from disabled persons. All comments stressed the importance of continued funding and a focus on disability housing to enable disabled persons to move out of nursing homes and into the community. Other suggestions were: the County should embrace visitability by providing more accessible housing that eliminates stairs, provides larger rooms and accessible hallways and bathrooms, and other basic amenities to enable wheelchair access; the County should repair and construct new sidewalks with curb cuts for access to corner stores, nightclubs and bowling alleys and provide more access to public facilities; wheelchair accessibility and open-captioning for hearing impaired persons at movie theaters and local businesses is vital; the County should use its housing funds exclusively to support accessible units; and the ADA is not something disabled persons desire, it is one's legal right, which should translate into priority funding for integration and access.

A subrecipient who administers Project CAR voiced concern over HUD funding decreases because the program provides essential services. Transportation is a quality of life issue for suburban seniors whose numbers have grown since 1990. Rural areas lack traditional transit services and now more seniors need services, as cited in Monroe County's 2004 Senior Action Plan. He asked that the County continue funding Project Connect-A-Ride as a solution to senior transportation needs.

Another subrecipient who administers the After Care Program for homeless youths gave a program summary. In 2004, 251 youths were served with only 23 youths returning for services. She feels the program is vital to transitioning youth back into the community.

A consortium member thanked Monroe County for CDBG funding and emphasized the benefits to residents provided by essential economic development and affordable housing projects.

The second public hearing on Monroe County's draft Strategic Plan and Action Plan was held on Tuesday, May 10th at the Ogden Town Hall, which is fully accessible, beginning at 9:30 a.m. Dawn Nettnin, Community Development Manager, conducted the hearing and informed those present of the following:

The purpose of this hearing is to receive comments on the Draft 2005-2010 Strategic Plan and 2005 Action Plan for the CDBG, HOME and ADDI programs.

Monroe County expects to receive a combined allocation of \$2,979,143 from HUD for these programs. The County's CDBG allocation is \$1,703,300, the HOME allocation is \$1,224,753, and the ADDI allocation is \$51,090. This year's combined allocation is \$259,916 less than last year.

Estimated program income (interest on outstanding loans and other repayments) is expected to total \$260,000 for the CDBG program and \$40,000 for the HOME program.

Monroe County also intends to program previously unobligated CDBG funds, reprogram previously obligated CDBG funds and reprogram unspent CDBG funds from completed projects totaling \$167,652 from the 1998-2001, 2003 and 2004 program years.

Eligible projects include affordable housing, public works, public facility improvements, economic development, and essential community services.

In accordance with federal regulations, Monroe County published a complete list of proposed projects in The Shopping Bag Advertiser and The Daily Record on April 13 and April 14 respectively, to solicit participation from the public in the planning process for the program period and to encourage comments from private citizens, consortium members and agencies.

The 30-day public comment period began April 15 and concludes on May 16. You may call the Community Development Division or submit written comments until May 16. You may also submit comments by email to [mcplanning@monroecounty.gov](mailto:mcplanning@monroecounty.gov). Monroe County will consider all comments for incorporation into the final Strategic Plan and Action Plan, which is due to HUD on June 17. Monroe County will respond to all comments received today in writing.

Eighteen people, including staff, attended the second public hearing. There were no speakers at the second public hearing and no written comments were received during the thirty-day public comment period.

### 3. Efforts to Broaden Public Participation

CD followed its established Citizen Participation Process to formulate these priorities and strategies, incorporating public comments received at the January 2005 public hearing and comments from the focus groups held after the Steering Committee meeting in December 2004. Apparent among the needs expressed are affordable housing for all household types, accessibility modifications for the physically disabled and projects, programs, and housing for the elderly.

As part of this Strategic Plan, CD seeks to evaluate the Citizen Participation Plan to make the project review process and plan development process more efficient. Currently, public notice and the draft plans are released one month before the matter is sent to the Monroe County Legislature for consideration. Under the current plan, the Legislature is the last entity to review the plans and projects contained therein, after public notification and comment has been provided. Also, members of the public should be given an opportunity to comment on the complete plan that is sent to HUD, and currently, that opportunity is not available since the draft may contain less narrative information than the final plan. Under a revised Citizen Participation Plan, one plan would be released on or around May 1, at the same time the matter is introduced in the Legislature, with a thirty-day comment period. Public notice would be provided at the time the plan is released, and the public hearing and steering committee would be held during this time, as well. The process would conclude with the incorporation of public comments before the Legislature acts on the matter at its June meeting.

CD also seeks to review the formula and membership of the Steering Committee. Over time, the formula may not have been adhered to and membership may not be current. The Steering Committee serves in an advisory capacity in regard to the County's Community Development initiatives and their responsibilities would not change. The core membership of the Steering Committee will continue to include the Supervisors and Mayors of the municipalities that are members of the consortium. To more effectively plan for the County's community development needs, and to comply with HUD guidelines, it may be useful to incorporate members of the public, business persons and persons involved in community and housing development into the Steering Committee.

In addition, with the advent of the Internet and distribution of information on compact disc, methods of information distribution have expanded, and it is necessary to review our information distribution system to ensure that it is as accessible, comprehensive and cost effective as possible. For example, the draft is mailed to two hundred property managers of affordable rental housing developments in the County. In the last three years, only two comments have been received as a result of this costly mailing, and it may not be the most efficient or cost effective way to reach this population. All other components of the Citizen Participation Plan will remain the same.

Increased outreach efforts enhance public input into the planning, development, performance, implementation and modification of the Strategic Plan. In December 2004, Steering Committee members participated as a focus group conducted by CD to obtain data on suburban needs and strategies. Results from the focus group were helpful in prioritizing community development and housing activities. CD staff will conduct surveys with a variety of focus groups in the next five years to gauge changes in municipal needs and strategies, needs of the community as a whole and changing trends affecting quality of life issues for low to moderate-income persons, senior citizens, disabled and homeless persons.

When notices are published in newspapers of general circulation, Monroe County has adopted a policy to select one newspaper that is free of charge to increase notification to the target audience. This often results in requests for program assistance, particularly housing rehabilitation and first-time homebuyer assistance. Most frequently, The Shopping Bag Advertiser, which is delivered free to 230,000 households, is used for this purpose.

Direct outreach to community agencies has increased, marketing of programs continues in publications that reach minorities and consolidated plan documents have been made more accessible and available to the public. Community Development documents in draft and final form, including the Five-Year Strategic Plan, annual Action Plan and appendices, and the CAPER, are made available on CD and on the County's website ([www.monroecounty.gov](http://www.monroecounty.gov)). Hard copies are also available free of charge from the Monroe County Department of Planning and Development. Citizens are encouraged to attend public hearings and to comment at any point throughout the process, in person, by phone or by mail to the Department of Planning and Development, 50 West Main Street, Rochester, New York 14614, (585) 428-2970 or e-mail ([mcplanning@monroecounty.gov](mailto:mcplanning@monroecounty.gov)).

As previously mentioned, in December 2004, focus groups derived from the Steering Committee were convened to obtain data on suburban needs and strategies. Results of this exchange indicated the following as most significant community development issues facing Monroe County and municipalities. Top County priorities were affordable, accessible housing for families and seniors, ADA compliance for municipal buildings and senior and recreation centers, and community services for families, displaced homeowners and seniors, particularly transportation. Key municipal issues were ADA compliance, the need to replace and build new sidewalks, more multi-bedroom housing, methods of reducing high cost of rehab/maintenance and taxes to homeowners, the extension of utility infrastructure to undeveloped areas and lead remediation. Members recommended more financial leveraging of projects to stretch funds and targeting funds to the aging population and job creation activities. Regarding the need to change or shift priorities, members were generally satisfied with existing priorities. Some suggestions included increasing affordable housing for seniors and disabled persons, more neighborhood infrastructure projects, more ED projects for residents including youths and research of possible fraud in the Section 8 Program. It was also mentioned that census tract eligibility criteria restrict many municipalities from participating in projects.

#### 4. Public Comments Not Accepted

It was suggested that the County make corner stores and public entertainment venues such as nightclubs, bowling alleys, GEVA Theatre, and movie theaters more accessible to persons with special needs. Unfortunately, these facilities are not eligible for CDBG funding because they are privately owned.

To meet the high demand for accessibility, it was suggested that CDBG and HOME housing funds be used exclusively to support accessible units. Monroe County encourages developers to exceed the required number of accessible units and supports the design concepts of visitability.

Continued funding of the Connect-A-Ride program by Medical Motor Service was not accepted. Monroe County's 2004 Senior Action Plan recommends the development

of a suburban transportation infrastructure to meet the needs of this growing population. It is unfortunate that this project will not be funded in 2005. Funds are restricted because the CDBG allocation has substantially decreased since 2001, and federal regulations limit CDBG funding of public services to 15%. In addition, Project CAR has been funded by CDBG since 1987 and has exceeded the demonstration program stage. The next step is to identify permanent funding sources for this activity.

As suggested, Monroe County will make a recommendation to the CoC to create a funding set-a-side for permanent affordable rental housing. However, the decision to accomplish this lies with the entire CoC Team because Monroe County does not control Exhibit I funds.

### **Institutional Structure (91.215 (i))**

1. Explain the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, and public institutions.
2. Assess the strengths and gaps in the delivery system.
3. Assess the strengths and gaps in the delivery system for public housing, including a description of the organizational relationship between the jurisdiction and the public housing agency, including the appointing authority for the commissioners or board of housing agency, relationship regarding hiring, contracting and procurement; provision of services funded by the jurisdiction; review by the jurisdiction of proposed capital improvements as well as proposed development, demolition or disposition of public housing developments.

3-5 Year Strategic Plan Institutional Structure response:

#### **1. Monroe County Institutional Structure**

The Community Development (CD) Division of the Department of Planning and Development is charged with fulfilling the requirements of the CDBG, HOME and ADDI programs, including development of the Strategic Plan and administration of the program and projects funded by these federal allocations. Legislative approval by the County Legislature and well as the County Executive is required in order for CD to submit the Strategic Plan and Annual Action Plan to HUD. This includes review by at least two standing committees of the of the Legislature.

Community Development administers the contracts associated with all of the programs, projects and services provided by the program, except the Revolving ED Grant and Loan Fund which is administered by the Economic Development (ED) Division of the Department. CD administers contracts with suburban municipalities for the public facilities and improvement projects, and CD staff internally administers the Home Improvement Program. First-time homebuyer programming and housing counseling services are provided through CD administered contracts with sub-recipients. Affordable rental housing development is contracted through housing developers, partnerships and CHDO's.

The five-year plan is prepared in compliance with HUD guidelines to encourage maximum coordination and participation from public and private sector leaders and agencies that play a critical role in carrying out consolidated plan activities. CD has developed good working relationships, regular communication, and shares a community vision with many non-profits, banks, private industry, government agencies at all levels, public institutions, local developers and private residents. The Citizen Participation Plan is a successful tool in the solicitation of constructive commentary from the community as a whole. Agencies respond in many different ways and forums such as municipal meetings, including County Legislature sessions. Input is also received through the submittal of funding applications from a variety of housing, public service and community agencies dedicated to the needs of special population groups and other educational, health care and business/industrial institutions. Proposals are received annually from a variety of government agencies, housing advocacy groups, special interest agencies, contractors and developers, faith-based groups and private citizens. CDBG and HOME funds are used to leverage resources from other government programs, non-profit initiatives and private industry incentives in the implementation of programs to maximize program outcomes and increase the number of beneficiaries.

## 2. Strengths and Gaps in Delivery System

Monroe County continues to strengthen and expand existing public and private sector coordination and to identify and build innovative partnerships throughout the local community.

To facilitate economic development, County Executive Maggie Brooks convened the ED Strategy Team, a community-wide, advisory committee on Economic Development issues. Members included community leaders from government, the business sector, educational, financial and health care institutions and the advertising/marketing community. The collaborative spirit between the public and private sectors has successfully improved and increased economic development services in the County and created a climate for job growth. As a result of the Team's recommendations, Monroe County and the City of Rochester established a partnership with Greater Rochester Enterprise (GRE) to streamline and strengthen ED efforts by contracting with GRE to administer a one-stop ED business and marketing outreach program. ED staff coordinates outreach activities with GRE and incentive programs with COMIDA, and many non-CDBG County funded business incentive programs. In cooperation with the Small Business Administration, ED staff also provides the SBA 504 program to companies. Monroe County partnered with the State Department of Labor, Rochester Works, Inc. and the Workforce Investment Board to create additional job centers and make better use of technology to link people to job opportunities.

CD continues to work closely with all public, private and government entities within Monroe County's organizational structure to further enhance collaboration and communication and improve program delivery. CD continues to become more involved in affordable housing through participation on the Greater Rochester Housing Partnership Board of Directors and the United Way Building Community Impact Team.

### Gaps in Delivery System



Overall, the system works well for Monroe County. Resources are limited and should be increased for an expanded level of programs and services. The County, which has kept taxes stable for a number of years, does not have control over the activities of other taxing jurisdictions and the resulting impacts on the community. The limited funds CD has available for public service may create gaps in the delivery system until those entities faced with reductions are able to find new funding sources. Monroe County continues to seek new avenues of inter-governmental, public and private partnership opportunities to improve efficiency and enhance delivery of services. The County's Council of Governments has proven to be an innovative mechanism for new collaboration among the towns and villages.

### 3. Public Housing Strengths and Gaps

Coordination between the Rochester Housing Authority (RHA), private and governmental health and mental health service agencies, is enhanced through the County and City's support of RHA's social services programs and safety and security programs. The County and City also support RHA's Family Self-Sufficiency Program which links Section 8 tenants and public housing residents with local training and employment program related service agencies.

The County and City have assisted in revitalizing neighborhoods surrounding public housing developments in many areas. New schools and community centers have been built. Road reconstruction and street maintenance are conducted on a regular basis. Fire and police protection efforts are ongoing at high levels of service. The Rochester Police Department works cooperatively with RHA in local drug elimination efforts and assisting in developing crime reduction strategies. RHA tenants regularly use nearby schools and recreation centers for educational needs and after school programs. The County and City economic development efforts are ongoing and touch upon many neighborhoods that public housing is located in. The City also supports RHA with the Olean/Kennedy public housing revitalization plan. In this plan, RHA has demolished two obsolete public housing developments to secure Low Income Housing Credit funds to develop new public housing, new homeownership units and a new infrastructure system.

The RHA also provides support services to its residents through their involvement with many agencies. As examples, services to elderly are coordinated with Monroe County Visiting Nurse Service and the Consortium on Elderly Substance Abuse; while school children are linked with tutorial programs at two agencies and the City School District.

#### Public Housing Delivery System Gaps

The need for Section 8 vouchers by low/mod income residents of the City of Rochester and suburban Monroe County far exceeds RHA's available resources, resulting in Monroe County's priority need for affordable rental housing. Those most in need of affordable rental housing are low/mod income families with many children, who are increasing in the suburbs together with poverty-level disabled persons and senior citizens.

### **Monitoring (91.230)**

1. Describe the standards and procedures the jurisdiction will use to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements.

3-5 Year Strategic Plan Monitoring response:

1. Monitoring Standards and Procedures

Monroe County's Financial Accounting System

The Finance Department consolidates fiscal operations by coordinating the Budget, Financial Services and the Controller divisions to achieve a system that improves management of the County's finances and a strengthens the financial reporting process. The Department provides leadership to County government through the sound management of financial resources for the benefit of taxpayers, other County departments and the community at large. It strives to ensure the efficient and cost effective use of County resources and the attainment of established operational goals and objectives through effective fiscal policy, procedures, analysis and recommendation to maximize return on investment. Toward this end, it promotes sound financial practices to ensure that the use of County resources is responsive to community priorities.

The Divisions of the Department of Finance are:

- The Office of Management and Budget prepares, publishes and administers the annual operating budget and assists in the preparation of the Capital Improvement Program. It monitors expenditures and revenues and conducts analyses of County operations for the purpose of improving efficiency and effectiveness. Staff prepares multi-year budget forecasts, financial information and analyses for presentation to the credit rating agencies, administration of the Sales Tax and Hotel Room Occupancy Tax, and review of recommendations to the County Legislature and contracts for services to ensure consistency with County financial and management objectives and policies.

- The Controller's Office maintains and operates the County's centralized financial information system and, from the data contained in it, reports on the financial condition of the County. This division pays all claims against the County and develops and enforces various systems of internal control to ensure budgeted appropriations are not exceeded. This division also monitors all County revenues. In planning for anticipated expenditures and revenues, the office utilizes a cash flow strategy to ensure that County obligations are funded on a timely basis. This office is ultimately responsible for all financial monitoring of the Consolidated Plan programs, sub-recipient financial record review and program income reconciliation for all activities.

- The Financial Services Division is responsible for a wide array of County fiscal operations comprised of the Treasury, Real Property Tax Service Agency, Purchasing and Internal Audit. Operations include responsibility to collect taxes, maintain assessment rolls, apportion of the County levy on local municipalities, advise assessors on procedural and legal changes, update tax maps, provide purchasing functions, and coordinate the professional evaluation of departmental operating and financial policies and practices.

- The Office of the Chief Financial Officer is responsible for formulating, evaluating and examining financial policies that include directing investment, cash flow and borrowing programs and supervising and coordinating the operations of the department. This office implements the fundamental strategies of financial management as articulated in the Financial Strategies section of the Monroe County Budget. Highlights of the primary strategies are as follows:

- a. Annual budgets shall be prepared and presented in accordance with standards set by the Government Finance Officers Association of the United States and Canada.
- b. The concept of "popular reporting" shall be incorporated in the County's annual financial report by means of publishing a Popular Annual Financial Report concurrently with the County's Comprehensive Annual Financial Report.
- c. Financial statements shall be prepared in accordance with generally accepted accounting principles. A cost accounting system shall be developed, instituted and maintained which accurately reflects the cost of services.
- d. The cash management system shall be maintained to minimize short term borrowing, maximize investment earnings and ensure adequate safety of principal.
- e. The principles and practices of sound "asset/liability management" shall be followed, which generally require the matching of liabilities with appropriately structured assets in order to minimize interest rate volatility risks.
- f. A system of internal controls shall be instituted and maintained sufficient to ensure compliance with all applicable laws, optimal cost effectiveness of county services and prudent stewardship over public funds. All employees will be responsible and accountable for the safekeeping of public assets. Management shall institute and maintain a professional internal audit function to monitor and improve the system of controls.
- g. All departments are responsible for recovery of budgeted non-tax revenues as planned in the annual budget. Departments shall maintain adequate billing and claiming processes in order to effectively manage their accounts receivable system in conformance with the fiscal plan and sound business principles.
- h. A management review will be performed annually to ascertain the County's performance in attaining these goals. The results of this evaluation shall be presented in the Comprehensive Annual Financial Report to be prepared by the Department of Finance in conformance with standards established by the Government Finance Officers Association of the United States and Canada.

#### Accounting Procedures – Department of Planning and Development

All Monroe County Departments follow the financial accounting procedures of the County Finance Department. The staff of this Department works closely with the CDBG/HOME accounting staff to apply these principles to all financial aspects of Consolidated Plan Programs.

Governmental funds are accounted for using the modified accrual basis of accounting, which dictates that revenues are recognized when measurable and

available to pay current liabilities. Expenditures are recognized when the related fund liability is incurred, except for principal and interest on long-term debt which are recorded as expenditures when paid, and compensated absences which are recognized as a liability in the applicable fund if payable with current financial resources. Proprietary funds are accounted for using the accrual basis of accounting whereby revenues are recognized when earned and expenses are recorded when liabilities are incurred.

#### CDBG & HOME Program Monitoring

The monitoring program for the CDBG and HOME-funded activities consists of the use of standard Monroe County financial practices together with the standards, systems and procedures derived from the federal regulations and objectives. These guide us in successfully measuring fiscal, regulatory and programmatic performance and compliance of all activities funded by the Consolidated Plan. Our policies are effective in establishing project eligibility compliance with primary and national objectives as well as compliance with other areas of grant administration. The policies utilize methods such as risk analysis to guide the selection process and follow-up procedures such as progressive sanctions to effectively prevent and remedy problem areas.

CD staff administers the Consolidated Plan programs and maintains financial compliance by using uniform procedures that closely scrutinize the legitimacy and appropriateness of project costs. The system focuses on the training of sub-grantees in reporting fiscal and programmatic data simultaneously to achieve timely reimbursements. Sub-grantees submit claim vouchers with companion progress reports and statistical data to obtain payment of project costs or services performed. Materials which must accompany the vouchers are specific to each project but generally include invoices for project materials purchased, personnel records for labor involved, a detailed scope of services performed and other official data needed to evidence project costs. Narrative documentation, which must accompany each voucher, includes program status reports, a description of services performed and a breakdown of project beneficiaries by income, age, residence in our program area, ethnic background and other appropriate data. After evaluation and staff approval, vouchers are sent to the Controller's Office for payment. Sub-grantees usually receive payment within three weeks through the County's bi-monthly payment schedule.

**Monitoring of Specific Activities** - The activities funded through the CDBG and HOME Programs consist principally of housing rehabilitation and acquisition, new construction of affordable housing facilities, community services including fair and affordable housing counseling and technical assistance, public works and utility infrastructure, public facility improvements, particularly ADA alterations and economic development loans and grants to businesses.

**Community Services** - Our oversight ensures that sub-recipients who perform services comply with all applicable federal regulations governing their administrative, financial and programmatic operations and to verify compliance with program delivery, performance objectives, schedules and budgets. We conduct in-house reviews of project materials which include a complete evaluation of the project applications, contract agreements, progress reports, vouchers and financial audit materials. Great attention is paid to the sub-recipient's data on beneficiaries, which is described in detail in each progress report. Monitoring visits are conducted to

insure that services are provided in accordance with federal regulations. Most programs have specific monitoring forms to record activities in progress and to identify the type and size of populations served. This provides the necessary data to evaluate performance and project effectiveness in reaching target recipients, achieving program objectives and compliance with regulations, to formulate monitoring strategies and recommend appropriate follow-up actions. In-depth project reviews are conducted annually to insure that all guidelines have been met.

Construction Activities (CDBG Public Works Improvements, Facility Improvements, and HOME construction projects) - These projects are evaluated closely at the proposal stage for eligibility and environmental review clearance. The procurement standards generally require the use of the competitive public bid process and in some cases, the Request for Proposal (RFP) process, when municipal labor forces do not perform the work. Contract agreements with sub-grantees are specific in citing compliance with federal regulations and are used as monitoring resource documents. All applicable federal acts and executive orders are referenced in these contracts, as well as in construction bid documents. For public bid projects, CD prepares all bid notices for publication in newspapers of general circulation to include general federal regulations, specifically labor standards provisions as they relate to Davis Bacon Wage Rates, EEO, the federal funding clause and Section 3 provisions. CD staff ensures that the construction bid documents contain all necessary forms, regulations and requirements in a section titled "Special Conditions - Federal and State Requirements" (EEO, Labor Standards, federal certifications, M/WBE Plan, Section 3 Provisions, etc.) to make potential bidders aware of federal project funding and related requirements. This section is revised periodically to reflect the most current HUD forms available through the HUD website. We continue to include specific federal certifications that must be signed by bidders as part of the bid proposal, which now contains all state, federal and local certifications.

All contractors and subcontractors are reviewed by HUD prior to participation in projects to ensure that they are not listed on any federal lists of suspended and debarred contractors. In addition, our standard County contract now contains a Debarment Certification, in accordance with the Monroe County Law Department. This certification must be signed by each sub-grantee as part of the contract execution and helps to ensure that Monroe County is not contracting with a firm or agency that appears on any suspended or debarred list.

CDBG & HOME construction bid projects are closely monitored during many inspections and site visits, beginning with an initial visit to verify the posting of HUD notices. Progress inspections are conducted to verify performance of the activity, particularly before payments are processed. Employee interviews are conducted with an employee of each prime and subcontractor. Final inspections by CD staff are performed to verify the satisfactory completion of the project, evidenced by photos. More technical inspections are performed by project engineers to verify satisfactory completion.

Force Accounts are construction projects accomplished by municipal labor forces that are not subject to federal Labor Standards Provisions. CD staff meets with municipal staff to execute contracts between municipalities and the County and to describe the force account process. An initial inspection is conducted to verify the site prior to construction. Reimbursable project costs include materials purchased, labor and fringe benefits for municipal workers and the cost of any equipment rented to accomplish the project. Periodic inspections are done by CD staff during the project

to verify that work being billed to the County has been satisfactorily completed. Final inspections are performed with municipal engineering staff to verify the completion of the project, evidenced by photos.

#### HOME Program Monitoring

##### Program Compliance Requirements

Records for the Consolidated Annual Performance and Evaluation Report (CAPER) are kept for all activities to insure compliance with program regulations, financial procedures and County HOME Program strategies. These include income certification, rent levels, ethnic groups served, household characteristics/family size, type of unit, sales price of housing unit or other data needed to ensure compliance. Prior to disbursement of funds, all activities must comply with housing priorities and strategies of the Consolidated Plan. The program is evaluated annually in this regard.

Monitoring visits and on-site inspections of HOME-assisted rental units are conducted to determine compliance with the property Housing Quality Standards (HQS) of 24 CFR 92.251 and to verify that the information submitted by the owners is in accordance with the requirements of 24 CFR 92.252. Inspections must be based on a sufficient sample of units to ensure compliance with all Section 8 Housing Quality Standards at 24 CFR 92.504.

##### Prior to Construction/Predevelopment Phase of Projects, County Staff:

- assists developers to ensure that construction bid documents and related technical and design specifications contain all applicable federal regulations; and
- conducts pre-construction meetings with the development team including the general contractor/subcontractors to assure compliance with all HUD federal requirements, including Section 3 Provisions, MBE/WBE, Davis-Bacon (if applicable) and Housing Quality Standard requirements before the project is bid.

##### During Construction/Redevelopment Phase of Projects, County Staff:

- attends monthly and final on-site construction meetings and inspections to assure compliance with all HUD federal requirements, including Section 3 Provisions, MBE/WBE, Davis-Bacon (if applicable) and Housing Quality Standard (HQS) requirements during project construction phase.

##### After Project is Completed/Redeveloped and Occupied, County Staff Conducts:

- HQS inspections, based on a sufficient sample of units to ensure that owner maintains units in compliance with all Section 8 Housing Quality Standards. These are conducted every three (3) years for projects containing 1 to 4 units, every two years for projects containing 5 to 25 units and annually for projects containing 26 or more units;
- Monitoring visits are conducted to ensure that the project owner maintains the appropriate mix of very low-income (VLI) and low-income (LI) tenants throughout the compliance period; properly collects the required information and annually determines the income eligibility of tenants in the assisted units; and collects rents



that do not exceed the HOME maximum rents, when adjusted for tenant-paid utility allowance.

All HUD proposed homeless and/or housing applications that require a Certification of Consistency with the Consolidated Plan must be reviewed prior to issuance of executed Certifications of Consistency. The County reserves the right to request updates on Consolidated Plan certified activities and/or conduct site visits to ensure consistency with the original proposed activities and long-term compliance.

Housing Rehabilitation Activities - The Home Improvement Program (HIP), funded by CDBG and HOME, is our primary housing rehabilitation activity. Use of the following system enables us to operate this program effectively, efficiently and in compliance with federal regulations. Applications are taken on a first-come, first-served basis throughout the year with priority given only to health and safety emergencies. Selection criteria for eligible households includes: income at or below 80% AMI, cash or liquid assets below \$20,000 and property must be owner-occupied with all property taxes paid to date. The applicant must have owned the home for at least one year prior to applying and must not have received program assistance in the past. Improvements must be approved and evidenced as eligible before funding is committed. Notices of approval or denial are sent out immediately to inform applicants of their status, accompanied by referrals to other programs as appropriate.

The Housing Staff provides all construction management services. Direct construction supervision is provided by the general contractor, selected by the homeowner, with the oversight of the CDBG Rehabilitation Specialist. The Specialist performs initial, in-progress and final inspections to determine that improvements are eligible prior to funding and in accordance with federal Housing Quality Standards (HQS). Upon completion, they must meet or exceed HQS requirements. The Rehabilitation Specialist also performs preliminary environmental reviews on each project, inspects properties for lead-based paint hazards, prepares work specifications, assists homeowners in obtaining estimates and provides other technical assistance and problem resolution. Since September 1, 2000, requirements of the HUD Lead Safe Housing Rule have been implemented to insure full compliance. Of all CDBG and HOME activities, these regulations apply most to rehabilitation work undertaken in the Home Improvement Program.

The Housing Staff prepares program grant and loan agreements and monitors projects during the recapture period by recording liens against each property.

Economic Development Activities - The CDBG-funded ED Revolving Loan component of the Economic Development Grant and Loan Fund is the principal resource for providing low interest loans to for-profit businesses for projects that create and retain jobs. The County has opted to use the HUD guidelines and objectives for evaluating project costs and financial requirements as a framework for financially underwriting and selecting projects for funding. We also implement HUD's standards for evaluating public benefit to insure that at least a minimum level is obtained from the expenditure of federal grant funds for activities determined to be eligible. This system allows us to easily document each project's compliance with the national objectives.

Monitoring procedures determine eligibility of the for-profit businesses by demonstrating that the assistance is appropriate. Written assistance agreements

between the County and the businesses incorporate a detailed description of the documentation required for job creation and retention activities. These contracts include a commitment to make at least 51% of jobs, on a full-time equivalent basis, available to low-mod income persons and provide training for those jobs that require it; a listing by job title of permanent jobs to be created, identifying those jobs available to low-mod income persons, those requiring special skills or education and part-time jobs; a description of actions to be taken to insure first consideration of low-mod income persons for jobs; a listing by job title of permanent jobs filled, those available to low-mod income persons and a description of how first consideration was given. For job retention activities, similar data is included to evidence that in the absence of funding, the jobs would be lost.

To evidence compliance with the income benefit requirements are obtained, evaluated and recorded data is required documenting: the size and annual income of the assisted low-mod income person's family, or substitutions to evidence that the person qualifies for another program having criteria at least as restrictive; residence in an eligible low-mod income census tract; evidence of homeless status, or that the person is a referral from a government employment agency qualified to determine the person's low-mod income status, or qualifies under the "limited clientele" criteria of the national objectives or a certification signed by the assisted person stating that his income meets the HUD criteria.

Other activities eligible through the ED Grant and Loan Fund include job training, development and placement services, neighborhood revitalization projects, technical assistance to small and disadvantaged businesses and employment and training for persons with special needs. These activities provide services through consultants, therefore, Monroe County uses the same system of monitoring as that employed for community service sub-recipients, as listed above.

### Monitoring Tools

Consolidated Annual Performance and Evaluation Report (CAPER) and Integrated Disbursement and Information System (IDIS) - The CAPER and IDIS will continue to be used as effective monitoring resource documents since they describe and document the financial status of all projects and programs. They serve as accurate measures of performance in terms of eligible beneficiaries served, program target areas addressed, dollars being matched with priority needs, identifying primary activities funded, and generally, in displaying information in a format from which data can be easily extracted.

Contract Agreements are developed by CD staff for each project and are used as a mechanism to insure compliance with County legal requirements, to provide guidance to sub-grantees on performing projects in accordance with national objectives and related federal, state and other applicable regulations, as a means of documenting data required by federal recordkeeping regulations and subsequently, as an important project resource document.

Cooperation Agreements are executed between Monroe County and town and village members of the Monroe County Consolidated Plan Consortium every three years to enable those members who wish to continue participating in the CDBG and HOME Programs to do so. Non-members are invited to join the consortium when these agreements are renewed every three years.

Town/Village Board Resolutions are required to accept CDBG grants for specific projects. The Monroe County Legislature also passes a resolution to approve the Five Year Strategic Plan and Annual Action Plan prior to submittal to HUD.

Progress reports and voucher payment requests are required from all sub-grantees on special forms developed for tracking activity progress and reporting on income and ethnic data.

Other resource documents include Monroe County internal audits, independent financial audit reports of sub-recipients, Site Visit Reports on public service sub-recipients, Inspection Reports of construction projects, Construction Bid Documents and certifications contained in bid proposal sections, the Environmental Review Record File, the Procurement Documentation File and detailed project application forms and eligibility analysis files.

### **Priority Needs Analysis and Strategies (91.215 (a))**

1. Describe the basis for assigning the priority given to each category of priority needs.
2. Identify any obstacles to meeting underserved needs.

3-5 Year Strategic Plan Priority Needs Analysis and Strategies response:

1. Basis for Assigning Priority to Each Category of Priority Needs

Historically, CD has tried to keep the priority assigned to public facilities, housing rehabilitation and economic development relatively equal due to the large geographic area and significant number of communities covered by the Strategic Plan. This has allowed the County to distribute funds equitably throughout the areas served and reach the greatest number of beneficiaries. Public services, due to the 15% threshold, are a priority but on a limited financial scale.

Monroe County's Community Development needs for the next five years: develop affordable rental and homeownership opportunities for all low to moderate-income residents, without discrimination; repair and conserve existing housing stock; improve access to and quality of public facilities; replace deteriorated infrastructure with safe utilities; provide job training and economic development opportunities for low to moderate-income persons and persons with special needs; provide essential public services, particularly those that promote homeownership, fair housing and housing stability; and, revitalize neighborhoods.

By eligibility category, Monroe County's priority community development needs are as follows:

Public Facilities and Improvements - general (03); senior centers (03A); neighborhood facilities (03E); parks and recreation facilities (03F); parking facilities (03G); flood drain improvements (03I); water/sewer improvements (03J); sidewalks (03L); fire stations/equipment (03O).

Depending upon available resources, CD expects to undertake fifteen to twenty projects in this category annually for the next five years.

Housing - construction of housing (12); direct homeownership assistance (13); rehab single-unit residential (14A); rehab multi-unit residential (14B); rehabilitation administration (14H); lead-based paint/lead hazard testing (14I).

Projects in this category include the First-Time Homebuyer Program, Home Improvement Program and Affordable Rental Housing Development. Each of these program areas is detailed fully in the Housing section.

Public Services - general (05); senior services (05A); fair housing activities (05J); tenant/landlord counseling (05K); homeownership assistance - not direct (05R).

Projects in this category include the Home Ownership Program, Safety and Security for Seniors Program, and Fair Housing Education and Outreach by The Housing Council, Landlord/Tenant Counseling and Housing Hotline Services by The Housing Council, and Foreclosure Prevention and Predatory Lending Counseling, also by The Housing Council.

Neighborhood Revitalization – Rehab publicly or privately owned commercial/industrial (14E); residential historic preservation (16A); non-residential historic preservation (16B)

CD expects to fund one or two projects in this category annually for the next five years.

Economic Development - ED direct financial assistance (18A); ED technical assistance (18B); micro-enterprise assistance (18C).

Projects in this category include the Revolving ED Grant and Loan Fund, which creates and retains local jobs for low to moderate-income persons.

Monroe County defines, analyzes and assigns priority to community needs using many methods to retrieve data from reliable sources and input from the community as a whole. These factors help CD determine the priority of a project -- absolute need, relative need, availability of other funds, local preference and spending cap by category.

Current Census Tract Data and the Quartile Ranking of Low/Mod Income Persons has been compiled by HUD. Neighborhoods targeted for public improvements are located in eligible census tracts and block groups where the highest percentage of low/mod income residents are located. These statistics geographically define a concentration of residents in need of programs and services.

CD staff works closely with several County Departments that provide health and social services. These partnerships provides valuable assistance in identifying the needs of County residents. Monroe County's Office for the Aging has provided three resource documents in the last five years to assist in analyzing community needs for elderly persons. These include the 1999 Elderly Housing Study, the 2000 Aging Well Report, and the most recent document, the 2004 Senior Action Plan. These documents contain statistical data, analysis and recommendations to substantiate elderly needs and strategies. Other valuable data was obtained from the County's

Economic Development Strategy Team and the Budget Advisory Team, two committees convened by County Executive Maggie Brooks to evaluate current programs and resources and develop a comprehensive approach to providing business assistance and cost savings opportunities, respectively.

Consultation with primary community agencies, listed earlier helps to identify local trends, gaps in services and needs of special population groups, including senior citizens, persons with special needs and homeless persons.

The Steering Committee continues to help shape the community development needs analysis through the input of municipal members at semi-annual meetings. Members also participate in focus groups that result in the identification of current and future suburban needs and services. Local preference continues to be a very strong determining factor in assigning priority.

Public commentary, provided by County citizens through the Citizen Participation Process, provides valuable insight into community needs. Many public suggestions are incorporated into Monroe County's needs analysis, strategic plan, and funded in the Action Plan.

Staff participation on local committees and boards involved in public service issues provides added input on community needs as well as an opportunity to merge resources for programs that meet identified needs. Involvement on the Homeless CoC Team, Greater Rochester Housing Partnership Board and the United Way Building Community Impact Team are a few examples of community participation that have been beneficial in this regard.

## 2. Obstacles to Meeting Underserved Needs

The greatest challenge to meeting underserved needs is fluctuating CDBG resources. During the 2000-2002 program years, CDBG funding totaled \$6.27 million, but during the 2003-2005 period, funding fell to \$5.34 million, a loss of close to \$1 million over a three-year period. In addition, program income (interest on outstanding loans and other repayments) also declined during this time, further limiting the funds Monroe County has available for eligible CDBG activities. Increased competition for resources has limited Monroe County's ability to seek funds from other sources. More applicants are seeking community development funds than ever before, creating increased competition. As previously referenced, applicants seeking \$3.3 million were competing for \$2.1 million in available CDBG funds for the 2005 program year. This is particularly apparent in the area of public services, where requests for funds exceeded the allowable threshold by 50% in 2005.

## **Lead-based Paint (91.215 (g))**

1. Estimate the number of housing units that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, low-income, and moderate-income families.
2. Outline actions proposed or being taken to evaluate and reduce lead-based paint

hazards and describe how lead based paint hazards will be integrated into housing policies and programs.

### 3-5 Year Strategic Plan Lead-based Paint response:

#### 1. Estimate of Housing Units Containing Lead-Based Paint Hazards

Monroe County, through its Department of Public Health (MCDPH), has conducted a Childhood Lead Poisoning Prevention Program for the past 30 years. Program activities include the coordination of blood-lead screening of children, medical case management, environmental investigation, pursuit of lead hazard control and abatement, compliance enforcement, and health education. MCDPH conducts the lead poisoning program in compliance with the Lead Based Paint Hazard Reduction Act of 1992, the New York State and Monroe County Sanitary Codes, and federal CDC Guidelines regarding childhood lead poisoning prevention.

During the period 1993-2004, over 180,000 children, ages 0-72 months, were screened for elevated blood lead levels in the Rochester/Monroe County area. Of these children screened, approximately 27,000, predominantly City of Rochester residents, were identified to have blood lead levels <sup>3</sup> 10 mg/dl, a level considered dangerous in young children. Specifically in the year 2004, 13,746 Monroe County children 0-72 months of age were screened. Of these, 900 (6.5%), had a blood lead level at or above 10 mg/dl. This countywide rate is higher than the statewide (NY) average of 5.8% (1999 data). For the same period 1993-2004, 4,690 properties were investigated by the MCDPH, with lead hazards identified in 4,014 of these units.

MCDPH engaged the Center for Governmental Research (CGR) in 2001 to: 1) evaluate the current state of lead poisoning in children in the community; 2) develop a projection model for future lead poisoning incidence; and 3) develop options and next steps to assist the community with the development of a strategic plan to reduce the incidence of lead poisoning in children under the age of six. The final report entitled "Lead Poisoning Among Young Children In Monroe County" was issued in May 2002. The report described those neighborhoods in the City of Rochester, as well as several Monroe County towns and villages that are most prone for childhood lead poisoning. The full report is posted on Monroe County's website at [www.monroecounty.gov](http://www.monroecounty.gov).

#### Monroe County Housing Stock

Children residing in properties built before 1950 are at increased risk for elevated blood lead levels (Lanphear, 1998). The CGR report utilizes U.S. Census 2000 data and Monroe County/City of Rochester Tax Assessment data to profile the housing stock in the community and identify the most high-risk neighborhoods for lead poisoning. Maps and tables in the report break down the percentages of pre-1950 housing for all the municipalities in the County, summarized as follows:

- There are 82,780 residential properties built before 1950 in Monroe County.
- Fifty-nine percent (59%) of properties built before 1950 are located in the City of Rochester. The highest percentages of these housing units are in census tracts surrounding the central business district.



Over 60% of the homes in the Villages of East Rochester, Fairport, Honoeye Falls, Pittsford and Scottsville were built before 1960.

Over 40% of the homes in the Towns of Brighton, Irondequoit, Mendon, Riga, Rush, Sweden and Wheatland were built before 1960.

## 2. Actions Proposed and Being Taken to Evaluate and Reduce Lead-Based Paint Hazards

From a policy perspective, making houses lead-safe requires that lead safety be incorporated into a variety of programmatic and policy decisions regarding the highest risk neighborhoods (CGR report).

### Combined Efforts

The MCDPH and the CD Division acknowledge Federal requirements regarding disclosure of known lead-based paint hazards by those selling or leasing housing constructed prior to 1978, and advise property owners who are involved in our programs accordingly. Also, the federal Pre-Renovation Rule is followed whereby renovators and remodelers notify owners and occupants of target housing if lead-based paint is likely to be disturbed during a CD or MCDPH financed project. Efforts to educate contractors and property owners at-large regarding these disclosure requirements are continuing.

MCDPH collaborates with several other groups/agencies to provide a comprehensive response to lead poisoning cases. Monroe County lead paint violations are concurrently cited by the City of Rochester Property Conservation Bureau, which pursues compliance and correction along with other City building code violations. The City withholds final compliance and any Certificates of Occupancy as necessary until notified of lead correction by MCDPH. The Monroe County Department of Human Services (DHS) reinforces the citation of lead violations by withholding rent payments to delinquent property owners, barring re-occupancy of properties with outstanding lead violations, and by orchestrating emergency relocation of families to lead-safe housing operated by community-based organizations. Medical case management of lead poisoning cases by the MCHPD includes regular conferences with the Finger Lakes Regional Lead Poisoning Treatment Center for all children undergoing mobilization and chelation therapy. The MCDPH Lead Program nursing staff maintains updated medical records for all children with elevated blood lead levels (database currently exceeds 100,000 children). The nurses also act as a resource to concerned parents, the public and health care providers, and assist physicians with medical management to insure required follow-up is provided for the child. Lead Program community outreach staff visits homes of lead-poisoned children to educate families on risk-reduction and prevention activities.

In October 2004, the MCHPD Childhood Lead Poisoning Prevention Program implemented the following two new "Notice and Demand" requirements to correspond more closely with EPA/HUD requirements and CDC recommendations:

- a. Lead safe work practices training - All persons conducting the lead hazard control work which is ordered in the "Notice and Demand," must successfully complete an approved 8-hour Housing and Urban Development "Lead Safe Work Practices" (LSWP) class. Prior to the commencement of lead hazard control work, the recipient of the "Notice and Demand" must submit proof of LSWP training to the

MCPHD for all such persons. The acceptable proof of training shall be the class certificate issued by the LSWP training provider. The purpose of this class is to provide workers with information they need to understand that lead-based paint can create health hazards and using proper work practices can control hazards. The Cornell School of Industrial Relations is the EPA certified training provider for 2005. The MCPHD Childhood Lead Poisoning Prevention Program and HUD Grant provides this training free of charge to the community at an annual cost of \$28,000.

b. Post remediation lead dust clearance - Upon the completion of the lead hazard control work, which is ordered in the "Notice and Demand," each unit must pass a "Lead Dust Clearance." Post remediation lead dust clearance standards established by the United States Environmental Protection Agency and referenced in CSFP #732 are used to interpret acceptable lead dust clearance results.

Coupled with these efforts, the CD Division continues to enforce actions specific to its housing programs in lead-based paint hazard identification, disclosure and reduction. The CD Rehabilitation Specialist has received extensive training to more easily recognize potential hazards and determine appropriate remediation activities, as well as to alert health officials of existing threats. We also market the housing rehab programs to include grants and loans to low and moderate-income homeowners in suburban Monroe County who require financial assistance in the remediation of lead-based paint hazards.

Monroe County has contracted with a local environmental contractor to provide risk assessment and clearance services for the Home Improvement Program.

All properties purchased through the County's First-Time Homebuyer Program must have inspections for lead-based paint hazards prior to final approval of applications for assistance. Purchase subsidies are only issued after receipt of inspection reports revealing that there are no lead-based paint hazards present at the time of purchase.

## HOUSING

### Housing Needs (91.205)

\*Please also refer to the Housing Needs Table in the Needs.xls workbook

1. Describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost- burden, substandard housing, and overcrowding (especially large families).
2. To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must complete an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.

#### 3-5 Year Strategic Plan Housing Needs response:

##### 1. Estimated Housing Needs

NOTE: The Housing Needs Table was created using the CHAS data based on the current HOME Consortium membership, which excludes Brighton and East Rochester but includes Greece and Irondequoit. Since Brighton and East Rochester will return to the Consortium on October 1, 2005, this table will be reconfigured in 2006 based on the new HOME membership with updated CHAS data as provided by HUD.

The Housing Needs Table confirms the following:

- a. housing problems exist at the 30, 50 and 80% AMI bands, but are greater at the 30 and 50% bands
- b. owners at the 30 and 50% band face significant housing problems
- c. cost burden over 50% is greatest at 30% AMI, decreases at 50% and decreases further at 80%
- d. cost burden over 30% is greatest at 30% AMI, decreases slightly at 50% and decreases significantly at 80%
- e. those with the greatest cost burden are owners at 30% AMI
- f. cost burden is greater for elderly owners at 30% AMI than renters at 30%

g. cost burden is slightly greater for small related family owners at 30% than renters at 30%

h. cost burden is greatest for large family renters at 30%; slightly more than large family owners

i. elderly renters at 30-50% AMI face more significant housing problems and cost burden than elderly owners in this income band

j. small and large family renters and owners at 30-50% AMI face significant housing problems and cost burdens

k. the percentage of housing problems and cost burden declines significantly at 80% AMI; however, these are greatest for elderly renters, and small and large family owners

The Housing Needs Table indicates that the Consortium is comprised of more owners (54.5%) than renters (45.5%). The Consortium does not have a disproportionate racial/ethnic need. Over 6,000 disabled persons, or 56%, have a housing problem. Two thousand six hundred persons comprise the AIDS/HIV population.

Programmatic conclusions that can be drawn from the Housing Needs Table are as follows: owners at 30 and 50% AMI need more housing rehabilitation assistance than those at 80%; elderly owners at all levels need housing rehab assistance; the greatest need for affordable senior rental housing is at 30 and 50% AMI; the greatest need for affordable small and large family rental housing is at 30 and 50% AMI; subsidy at all levels would promote homeownership, but greater subsidy at lower income bands would ease the overall cost burden; new single family construction would decrease housing problems for all eligible income bands.

#### Public Housing and Section 8 Tenant-Based Waiting Lists

Refer to the section entitled Needs of Public Housing regarding the number of families on public housing and tenant-based (Section 8) waiting lists.

#### Persons with Disabilities

The cost of renting special needs housing in Monroe County is very expensive and is often not affordable for individuals with disabilities. Most individuals with disabilities are living on Social Security Disability or Supplemental Security Income. Lower fixed-income prevents individuals from living in their own apartments. There are significant waiting lists for subsidized apartments and assisted affordable apartment units. The challenge is to find housing that is available to this population that is located on a public bus route. The availability of affordable, handicapped accessible housing units that have access to public transportation remains a need in Monroe County.

The more recent development of smaller supportive housing known as Individual Residential Alternative Residences (IRA), has proved to be much more effective, efficient, and successful in serving the disabled population than the larger facilities referred to as Community Residences or Intermediate Care Facilities (ICF) that served up to fourteen (14) individuals. Often, behavioral issues become difficult to manage in these larger housing facilities.

There is a demand for good, quality supportive housing such as IRA's that generally serve between four and ten individuals with disabilities. In addition, there is an interest in supportive housing for developmentally disabled persons requiring high levels of medical attention.

#### **Persons with Mental Illness**

Affordable and safe housing remains the number one need for the majority of the severely mentally ill population. Most persons with mental illness live at the poverty level, finding that reasonably priced housing is a significant barrier, thus many live in sub-standard housing. Consequently, individuals reside in drug-infested neighborhoods that are dangerous and alluring to their own addictions, which sets individuals up for decompensation and re-hospitalization. Persons with mental illness are less likely to be compliant with treatment when they are concerned about where they are going to reside.

#### **Persons with Alcohol and/or Substance Abuse – Chemical Dependency**

Affordable and safe housing remains the number one need for many individuals with chemical dependency. Many individuals live in sub-standard housing due to the lack of affordable housing options. Although not technically homeless, many individuals with chemical dependency double-up or move from house to house as they may have no income, be unemployed and/or sanctioned from DSS subsidies. Often, individuals who have completed stays in licensed residential programs for chemical dependency are in the beginning stages of self-sufficiency, working at low paying jobs, limiting their ability to find affordable, safe housing. This may mean the return to drug-infested neighborhoods that are dangerous and alluring to their own addictions, contributing to relapse and inability to maintain sobriety.

#### **Persons with HIV/AIDS**

As reported by AIDS Rochester, the need for affordable housing in the City of Rochester has become greater, due in part, to the gentrification in the East End and Corn Hill neighborhoods. HIV positive individuals and their families cannot afford to reside in neighborhoods such as the aforementioned, because these "new" neighborhoods charge market rate rents. Locating larger apartments with four or more bedrooms can become frustrating to families, because larger units usually result in higher monthly rental and utility costs. In addition, HIV positive individuals often have poor credit histories and negative references from landlords, leaving these individuals with substandard housing options.

In suburban Monroe County, rents often exceed the Fair Market Rent (FMR) value established by HUD; therefore, there is a need to expand the provision of safe, affordable housing options. In addition, lack of adequate transportation prevents HIV-positive individuals from living in neighborhoods outside of the city limit.

#### **Assisted Housing Units in Monroe County**

Assisted Housing includes rental developments in which all or part of the occupancy of the units is restricted to lower-income and moderate-income households under the Mitchell-Lama program. Please refer to three assisted housing charts included in the Appendix of this Plan.

2. Disproportionate Needs

N/A

### **Priority Housing Needs (91.215 (b))**

1. Identify the priority housing needs in accordance with the categories specified in the Housing Needs Table (formerly Table 2A). These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the Consolidated Plan.
2. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category.

Note: Family and income types may be grouped in the case of closely related categories of residents where the analysis would apply to more than one family or income type.

3. Describe the basis for assigning the priority given to each category of priority needs.
4. Identify any obstacles to meeting underserved needs.

3-5 Year Strategic Plan Priority Housing Needs response:

1. Priority Housing Needs

Since housing problems exist at the 30, 50 and 80% AMI bands, but are greatest at the 30 and 50% bands, more housing rehab assistance should be directed to the 30 and 50% income groups than the 80% group.

Because cost burden over 50% and 30% is greatest at 30% AMI, this income band would benefit most from affordable rental housing opportunities, increased subsidy for homeownership and housing rehab programs.

Elderly owners, particularly those at 30% AMI, need housing rehab assistance due to housing condition and cost burden. Elderly owners at this level could benefit from affordable rental housing alternatives due to cost burden.

Elderly renters, particularly those at 30-50% AMI, would benefit more than other elderly renters from affordable housing alternatives due to cost burden and housing problems.

Small and large family renters and owners face significant housing problems and cost burdens and could benefit from housing rehab, affordable rental options and enhanced home ownership programs.

Elderly Households

The 1999 Elderly Housing Study was published as a collaborative project of the Monroe County Department of Human and Health Services/Office for the Aging and



the Monroe County Department of Planning and Development to update the 1989 Elderly Housing Study. Developers surveyed reported to have current and long-range plans to address growing housing needs through the provision of affordable housing for older adults. While state and federal financing is available to develop affordable housing for older adults, developers reported that such financing is only available on a very limited and highly competitive basis. Consequently, developers expressed concern that efforts to expand the provision of affordable housing opportunities for older adults will continue to be a very slow and extremely challenging process.

Bishop Sheen Ecumenical Housing Foundation commissioned The Center for Governmental Research to conduct an assessment of the housing and service needs of Monroe County's seniors. This 2000 study, *A Proposal for Assessing the Housing and Service Needs of Monroe County's Seniors*, indicated that the provision of a variety of senior living alternatives has increased over the past decade. The growth of in-home services to help seniors "age in place" has made it possible for seniors to remain in their own homes, rather than moving to a care facility. Senior housing developments, independent senior apartments or naturally occurring retirement communities are examples of housing choices for seniors who can independently care for themselves. More supportive/congregate housing developments, shared-housing or enriched housing developments are examples of choices available for those who require additional care or support in performing daily activities. Seniors can receive more regular and comprehensive medical and living support in assisted living or skilled nursing facilities. The availability of each housing option is contingent on a senior's ability to pay for it. Major development growth has occurred in high-end senior housing for those with the ability to finance such housing. Unlike high-income and middle-income seniors, seniors at lower-income levels are eligible to apply for government-assisted rental or housing programs. However, assisted rental housing is only available on a limited basis. According to interviewees, middle-income seniors often are unable to finance housing because they are not eligible to receive government rental or housing assistance. As such, interviewees pointed to the need for additional middle-income senior housing as a priority issue for the near future.

From 1990 to 2000 the number of persons that were age 65+ has grown, however, the number of persons that were 75+ and 85+ grew dramatically. According to Census 2000, the number of persons 65+ increased 21% in suburban Monroe County from 60,906 in 1990 to 73,802 in 2000; an increase of 12,896. The number of persons that were 75+ increased 55% in suburban Monroe County from 24,159 in 1990 to 37,326 in 2000; an increase of 13,167. The number of persons that were 85+ increased 65% in suburban Monroe County from 5,971 in 1990 to 9,829 in 2000, an increase of 3,858. In 2000 there were 49,311 Monroe County residents that were 75 or older. The proportion of seniors in Monroe County who live outside the City of Rochester increased from 1990 to 2000. Seventy-eight percent (78%) of the population of Monroe County that was 65+ in 2000 resided outside the City of Rochester. In 1990, only 68% percent of the Monroe County population over 65 lived outside the City. Seventy-six percent (76%) of the population of Monroe County that was 75+ in 2000 lived outside the City of Rochester. In 1990, only 64% of the Monroe County population over 75 lived outside the City. Seventy-three percent (73%) of the population of Monroe County that was 85+ in 2000 lived outside the City of Rochester. In 1990, only 63% percent of the Monroe County population over 85 lived outside the City.

### Persons with Disabilities

As reported in the 2000 Census, the total disabled population (over age 16) residing in Monroe County is comprised of 110,192 individuals (20% of the population). Of the total disabled population, 45,593 or (29%) reside in the City of Rochester and 64,599 (16%) reside in Monroe County outside the City of Rochester. The inner-ring suburban towns are comprised of 30,033 (18%); the outer-ring suburban towns are comprised of 24,982 (15%); and the rural towns are comprised of 9,584 (15%) of the disabled population.

The Census provides statistics on the numbers of people over the age of 16 who report having sensory, physical, mental, self-care, go-outside-home and/or employment disabilities. These figures exclude many persons with other types of disabilities. However, the Census is the only source that provides reliable statistics on disabilities by jurisdiction. The 2000 data indicates that the total disabled population in Monroe County is comprised of the following disabilities: 21,158 sensory; 50,383 physical; 27,946 mental; 15,005 self-care; 40,647 go-outside-home and 45,123 employment. The larger population base exists in Monroe County outside the City of Rochester. Not surprisingly, persons age 65 and older have a higher rate of physical and self-care disabilities than younger people. Towns with a higher proportion of persons with physical and self-care types of disabilities include Gates, Greece, Irondequoit and Webster. It is important to stress that many people with disabilities do not have self-care or physical limitations.

A detailed breakdown of the total disabled population by municipality is included in the Appendix of this Plan in a chart entitled (Disabled Population Over 16 Years Old). In addition, eight (8) various charts describing the types of disabilities, percentage of disabilities and poverty status of the disabled population by municipality is included in the Appendix of this Plan.

### Persons with Mental Illness

As referenced in the Priority Housing Needs section of this Plan, affordable and safe housing remains the number one need for the majority of the severely mentally ill population. Most persons with mental illness live at the poverty level, finding that reasonably priced housing is a significant barrier, thus many live in sub-standard housing. Consequently, individuals reside in drug-infested neighborhoods that are dangerous and alluring to their own addictions, which sets individuals up for decompensation and re-hospitalization. Persons with mental illness are less likely to be compliant with treatment when they are concerned about where they are going to reside.

### Persons with Alcohol and/or Substance Abuse – Chemical Dependency

According to the New York State Office of Alcoholism and Substance Abuse Services (OASAS), there are an estimated 68,497 adults and 10,177 adolescents ages 12-17 in Monroe County in need of chemical dependency treatment. This represents an increase of approximately 9,114 adults and 247 adolescents from the previous year. There are a total of 345 OASAS-licensed residential beds for adults, serving approximately 900 individuals annually. Chemical dependency residential services include intensive residential treatment and rehabilitation, community residences and supportive living services. Licensed residential services provide time-limited housing

and supportive services in a structured environment. There is generally a wait for admission to any residential service.

Once individuals have completed their residential stay, they need access to safe, affordable housing in the community – mainstream housing, Section 8 or other housing subsidies and continuing support services to assist in their recovery. The vast majority of individuals receiving chemical dependency treatment services reside in community housing options. As indicated in the Housing Needs section of this Plan, affordable and safe housing remains the number one need for many individuals with chemical dependency.

There are a number of special populations with chemical dependency for whom there are very limited housing options. These populations include those with Mental Illness and Chemical Addiction (MICA), women with children, individuals involved with the criminal justice system and older adolescents/young adults. Housing needs range across the full continuum including access to safe, decent, affordable housing options, including housing subsidies for those who are at the point in their recovery to live independently, sober housing, structured community residential services, supervised housing with onsite supports and supported housing with adequate case management support.

#### Persons with HIV/AIDS

As indicated on the Epidemiologic Profile of the chart provided by the Monroe County Department of Health, AIDS Rochester and the Rochester Area Task Force on AIDS, 2,053 cases were reported in Monroe County from 1981 through December 31, 2003. This chart is included in the Appendix of this Plan. The December 31, 2003 data represents an increase of 354 since the last data was provided in the Epidemiologic Profile chart dated December 20, 2001. The source for the data included in the 2003 chart was provided by the Bureau of HIV/AIDS Epidemiology, NYSDOH (BHA), the Vital Statistics of New York State; NYSDOH, and the Community Needs Index for Northeastern New York; AIDS Institute, NYSDOH. Case numbers for years 2002 and 2003 may increase due to report/processing time.

Estimates claim 1% to 5% of the population has HIV/AIDS, suggesting 7,000 to 35,700 persons have this type of disease. Although AIDS rates have declined over the past several years, Monroe County continues to have the highest rate of AIDS in upstate New York. There are currently 2,202 persons living in the Rochester area with HIV/AIDS who were served last year by AIDS Rochester. Also served by AIDS Rochester were the families of HIV/AIDS clients.

As referenced in the Housing Needs section of this Plan, AIDS Rochester recently reported that locating affordable housing in the City of Rochester for this population has become more of a problem, in part, due to the gentrification in the East End and Corn Hill neighborhoods. The costs of the market rate rental housing and utilities charged in these “new” neighborhoods is cost prohibitive for HIV positive individuals and their families. The need to provide affordable, larger rental units for this population and their families continues to increase.

In addition, there is a need to expand the provision of safe, affordable housing options in suburban Monroe County for HIV positive individuals and their families. In many cases, the lack of adequate transportation prevents HIV-positive individuals from living in neighborhoods outside of the city limit.

AIDS Rochester presently administers forty-five (45) slots through the Housing for Persons With AIDS (HOPWA) Program. With the assistance of HOPWA, AIDS Rochester is able to circumvent barriers faced by tenants by guaranteeing landlords paid security deposits and monthly rent. AIDS Rochester has a waiting list of 300 individuals requesting subsidized rent. The annual cost for 300 slots is about \$1,000,000.

Due to complex medication regimes and the requirement to be at least 95% adherent with HIV medications, HIV positive individuals must have stable housing. Lack of privacy and irregular schedules are two reasons often given when someone is not compliant with their HIV medications. Homelessness and shelter living are not optimal housing alternatives for Persons with HIV/AIDS. If medications are not taken properly, resistance can develop to entire classes of HIV medications. Many medications must be taken with food. HIV medications extend life, but many individuals experience side effects. Having a stable home with food and a multiple continuum of medical and psychosocial support is essential to the health and well being of the HIV population in the County.

We do not know how many people are HIV positive in this region, because many individuals do not know their HIV status. As reported in October 2002, approximately 2,100 HIV positive individuals were receiving medical care in Monroe County. According to the Monroe County Department of Health – HIV Morbidity Report included in the Appendix of this Plan, 379 newly diagnosed adult HIV cases were reported in Monroe County from June 1, 2000 to December 31, 2003.

There is an increasing number of women living with AIDS, most having children under 18 living with them. Data provided in 2002 from the NYS Comprehensive Newborn Screening Program noted that women giving birth in the Rochester Ryan White Region (RWR) had a prevalence of 0.11% or approximately one in 909 women giving birth had a positive HIV test result. A housing program with daycare and supportive services for women in treatment and recovery could serve this population.

Rochester Area Task Force on AIDS indicated that it might be worthwhile to consider developing housing for people who have chronic illnesses and physical challenges. The housing could be designed to accommodate both the individual and their family in a handicapped accessible village setting, with common areas in the square consisting of services that all might be expected to utilize.

The past needs of the AIDS population have been substance abuse treatment, emergency housing and permanent housing for individuals with AIDS and their families, case management, support services, transportation, and employment and training services. Agencies surveyed note a need for more opportunities for independent living, particularly in settings where individuals with disabilities can be near other tenants with similar needs. Supportive housing is another priority. Because many persons with disabilities have mobility problems, access to transportation, shopping and services are also priorities. Sufficient rental assistance and accessible dwelling units are other concerns. It is difficult to locate accessible units for this population, and the cost of adapting a unit can be prohibitive. This is an area where further investigation is required.

## 2. Basis for Determining Relative Priority

Described below is an analysis of the characteristics of the housing market and the severity of housing problems and needs of each category of residents that has provided the basis for determining the relative priority of each priority housing need category.

#### Housing Conditions and Costs

Statistics indicate that nearly 45% of the dwelling units in suburban Monroe County were built after 1960 and the overall condition of the housing stock is good. However, there are many older houses in need of repair and there is a shortage of decent and sound housing affordable to low-income people. During the past two decades, there has been an increase in the total number and the percentage of the population who are paying more than 30% of their income for housing. Of particular concern is the increase in the number of people who face a severe cost burden by paying more than 50% of their income for housing.

The 2000 report entitled Out of Reach 2000 was prepared by the National Low Income Housing Coalition to provide data regarding the gap between rental housing costs and what lower-income households can afford to pay. This report contains income and rental housing cost data for the 50 states by state, metropolitan area and county. For each, the results calculated the income that renter households need in order to afford rental housing and estimated how many of these households cannot afford to pay the Fair Market Rent (FMR). The HUD FMR equates to the gross rent, including shelter rent and the cost of utilities, except telephone. HUD sets FMRs to assure that a sufficient supply of rental housing is available to various affordable housing program participants. FMRs must be both high enough to permit a selection of units and neighborhoods and low enough to serve as many families as possible. HUD utilizes the most accurate and current data available to develop the FMR estimates. The sources of survey data used for the base-year estimates are the 1990 Census, which provides statistically reliable rent data for all FMR areas, the Bureau of the Census' American Housing Surveys (AHSs), which are used to develop between-Census revisions for the largest metropolitan areas and which have accuracy comparable to the decennial Census, and the Random Digit Dialing (RDD) telephone surveys of individual FMR areas, which are based random samples of rental housing. The base-year FMRs are updated using trending factors based on Consumer Price Index (CPI) data for rents and utilities or HUD regional rent change factors developed from RDD surveys.

Listed below is FMR rental affordability comparisons that were included in the 2000 report, and reference to the Monroe County FMR that became effective on March 31, 2005:

- Per the 2000 report, the Fair Market Rent for a two-bedroom unit in Monroe County should be \$612. (Note: Effective March 31, 2005 the County two-bedroom FMR increased to \$687) For additional information regarding the March 31, 2005 FMR's, refer to the Housing Market Analysis table located in the Appendix.
- A very low-income household (earning 30% of AMI) can afford monthly rent of no more than \$407.
- A low-income household (earning 50% of AMI) can afford monthly rent of no more than \$678.

- A moderate-income household (earning 80% of AMI) can afford monthly rent of no more than \$1,085.
- A household (earning 100% of AMI) can afford monthly rent of no more than \$1,357.
- A minimum wage earner (earning \$5.15 per hour) can afford monthly rent of no more than \$267.80.
- A recipient of SSI, (receiving \$410.92 monthly) can afford monthly rent of no more than \$123.28.
- The reported Monroe County estimated annual renter AMI is \$25,712, which equates to a maximum affordable housing cost per month (30% of monthly income) of \$643.

This report also estimated the percentage of Monroe County renters unable to rent FMR units at 39% for 1-bedroom units, 47% for 2-bedroom units and, 58% for 3-bedroom units. The hourly wages (@ 40 hrs/wk) needed to afford a 1-bedroom FMR unit is \$9.69, a 2-bedroom FMR unit is \$11.77 and a 3-bedroom unit is \$15.10.

Rental Households Paying More Than 30% of Income Towards Rent – An analysis of 2000 Census data illustrates that approximately 22% of rental households residing in Monroe County are paying between 30 and 49% of their total household income towards gross rent (rent and utilities) housing costs. In addition, 25% are paying 50% or more of income towards gross rent.

- 22% of rental households residing in the City of Rochester are paying between 30 and 49% of their total household income towards gross rent housing costs, and 30.5% are paying 50% or more of income towards gross rent.
- 21.7% of rental households residing in Monroe County, outside the City of Rochester, are paying between 30 and 49% of their total household income towards gross rent housing costs, and 17.8% are paying 50% or more of income towards gross rent.
- 21.7% of rental households residing in inner-ring Suburban Towns are paying between 30 and 49% of their total household income towards gross rent housing costs, and 19.7% are paying 50% or more of income towards gross rent.
- 22.2% of rental households residing in outer-ring Suburban Towns are paying between 30 and 49% of their total household income towards gross rent housing costs, and 16.1% are paying 50% or more of income towards gross rent.
- 20.6% of rental households residing in Rural Towns are paying between 30 and 40% of their total household income towards gross rent housing costs, and 15.7% are paying 50% or more of income towards gross rent.

Refer to the chart entitled Percent of Rental Households Paying More Than 30% of Gross Income Towards Rent, included in the Appendix.

Within the past eight years, several successful and innovative affordable rental projects and homeownership opportunities have been developed in suburban Monroe



County, however, the need to meet the increasing affordable housing demands of moderate, low, very low-income households continues to be an ongoing challenge. (Refer to the Appendices for the List of Monroe County Affordable Housing Projects and Map). Further analysis of affordable housing needs in suburban Monroe County over the past nine (9) years continues to substantiate the need to work toward the provision of rental and homeownership opportunities for low to moderate-income family households.

### 3. Basis for Assigning Priority Given to Each Priority Needs Category

Current program use is reinforced by census data and indicators from the housing needs table as prime indicators of priority need as it pertains to housing. The demand for housing rehabilitation assistance continues to be strong, especially in light of program enhancements made during the 2004 program year. Unfortunately, the scope of projects has increased along with cost, and completing a project within \$7,500 is a challenge. Demand for counseling through the Homeownership Program and home buyer subsidy from the First-Time Homebuyer Program continues to meet expectations. The demand for senior and small family rental housing is reinforced by Census data and the Housing Needs Table. Special needs housing remains a priority, but building a large number of units can be cost prohibitive due to the high per unit cost.

#### Rental Housing Market (Census 2000 Data)

- The median gross rent in Monroe County, including the City of Rochester is \$612.
- The median gross rent in the City of Rochester is \$553.

A breakdown of median gross rent by Town is described in the chart entitled (Median Gross Rent by Town) to be included in the Appendix.

As indicated above, information pertaining to the March 31, 2005 FMR's, is included in the Housing Market Analysis table located in the Appendix.

Census 2000 data pertaining to the percentage of rental units (by gross rent and bedroom size) existing in Monroe County, the City of Rochester, suburban Monroe County, Town of Greece and Town of Irondequoit is described in more detail in the chart entitled Percent of Rental Units by Gross Rent Range included in this Plan.

Homeowner Households Paying More Than 49% of Income Towards Owner Housing Costs - 2000 Census data illustrates that approximately 14.4% of homeowner households residing in Monroe County are paying between 30 and 49% of their total household income towards owner housing costs. In addition, 6.8% are paying 50% or more of income towards owner housing costs.

Approximately 16.3% of homeowner households residing in the City of Rochester are paying between 30 and 49% of their total household income towards owner housing costs, and 10.4% are paying 50% or more of income towards owner housing costs.

Census 2000 data pertaining to the percentage of owner households residing in each of the Town/Village municipalities paying between 30 and 49%, and paying more than 50% of their total household income towards owner housing costs is described

in detail in the chart entitled Owner Costs as a Percentage of Household Income included in the Appendix.

#### 4. Obstacles to Meeting Underserved Needs

Examples of obstacles to meeting underserved needs include:

- Limited and competitive state, federal and local affordable housing funding
- Ever-increasing costs of land acquisition and new construction
- Limited supply of affordable 3 and 4 bedroom rental units for large families
- Waiting lists at most suburban affordable rental housing developments
- Increasing affordability problem among renter households
- Developer interest based on market study
- Lack of partnership opportunities
- Limited CDBG and HOME funds
- Construction and rehabilitation costs

### **Housing Market Analysis (91.210)**

\*Please also refer to the Housing Market Analysis Table in the Needs.xls workbook

1. Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families.
2. Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).
3. Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units. Please note, the goal of affordable housing is not met by beds in nursing homes.

3-5 Year Strategic Plan Housing Market Analysis responses:

#### 1. Housing Market Characteristics

##### General Household Characteristics

Monroe County's population increase of 21,000 since 1990 is reflected in the number and types of households in 2000:

- Single parent households increased from 23,141 to 29,950
- Non-family households increased from 87,621 to 102,033
- Households consisting of married couples with children decreased from 66,713 to 61,223

- Married couples with children living in the City also decreased by 5%
- Single parents with children are still much more likely to live in the City than in the suburbs and these numbers increased as well

In the Inner-ring Suburbs:

- Single households with children and non-family households increased
- Married couples with and without children decreased
- The Town of Greece experienced a 5% decrease in married couples with children
- The Town of Irondequoit experienced a 6% increase in non-family households and a substantial 8% decrease in married couples without children

In the Rural Towns:

- Non-family households and single households with children increased 3%
- Married couples with children decreased 6%
- Married couples without children only slightly decreased

In the Outer-ring Suburban Towns:

- Households most affected since 1990 were married couples with children, which decreased 3%
- Non-family households increased 4%

From 1990 to 2000, the number of housing units in suburban towns and villages increased by over 18,000. Prominent changes were noted in the Towns of Greece (+4,000 units), Perinton (+2,000) and Webster (+3,000).

The vacancy rate in suburban Monroe County remained the same at 3% with changes in only 1,000 vacant units. The vacancy rate in the Village of East Rochester changed the most since 1990 with an increase of 2%.

Owner-occupied units in suburban Monroe County increased over 13,000. Changes in owner-occupied units were most visible in the Towns of Henrietta, Perinton and Ogden, which all increased 3%. Units in the Towns of Brighton, Irondequoit and Gates decreased by 2%.

Change in Household Composition in Monroe County from 1990 to 2000

The population changes described earlier have been accompanied by changes in household composition. Overall, the percentage of Monroe County households consisting of a married couple with children decreased, from 25% of all households in 1990, to 21% in 2000. The percentage of single parent households increased from 9% to 10%, and the percent of non-family households increased from 31% to 37%. Various household composition charts, and charts pertaining to changes in housing units and tenure included in the Appendix.

Among households composed of married couples with children, the percentage living in the City decreased from 21% in 1990 to 16% in 2000. Singles parents with children remain much more likely to live in the City than their married counterparts. In 1990, single parents with children were three times more likely to live in the City

than married couples with children, and in 2000, they were 3.4 times more likely to live in the City than married couple families.

Although City household composition remains substantially different from suburban areas, all areas in Monroe County experienced similar changes in the percent of married households and single parent households. Non-family households are defined as people who live alone and people unrelated by birth, marriage or adoption that live together. While non-family households comprise only 30% of all households in suburban Monroe County, almost half the households in the City of Rochester are now non-family households. The percent of City households headed by single parents is 2.7 times the percent of single parent suburban households. All areas of the County experienced slight decreases in the proportion of married households and slight increases in the proportion of single parent and non-family households.

#### Change in Household Race, Ethnicity and Tenure Between 1990 and 2000

Census data from 2000 was used to evaluate changes in race and ethnicity of heads of households (householders) and whether those households own or rent their housing. Household demographic change was evaluated according to the number of households in Monroe County during 1990 and 2000 and the percent of households by race and ethnicity. Changes in household tenure by race and ethnicity were evaluated in three ways: the first showed the increase or decrease in the number of households who own or rent; the second compared owner-occupancy rates in 1990 and 2000 by race and ethnicity; and the third described changes in the market share of owner-occupied housing by race and ethnicity of household. Refer to the chart entitled Number of Minority Households in 1990 and 2000, included in the Appendix.

Total Monroe County minority households increased 43%, from 38,899 in 1990 to 55,495 in 2000. The increase of 16,596 minority households is especially great when compared to the 2,028 decrease in the total number of White non-Hispanic households. Minority households increased in every town in Monroe County.

In the City of Rochester itself, minority households increased 33% in 2000, from 31,376 in 1990 to 41,656. Minority households in Monroe County exclusive of the City increased 84%, from 7,523 in 1990 to 13,839. Inner-ring suburban towns experienced a 101% increase in the number of minority households. Outer-ring suburban towns had a 74% increase. Rural towns experienced a 50% increase in minority households.

The percentage of minority-headed households increased in every area of Monroe County as a result of Countywide changes in the number of minority and White, non-Hispanic households. Overall, minority households made up 14.3% of all households in Monroe County in 1990 and 19.4% in 2000.

The increase in the percentage of suburban minority households has had little or no impact on the concentration of minority households in the City of Rochester. While minority households comprise 19% of all Monroe County households, almost half of all households in the City are minorities, while only 7% of suburban households are minorities. Refer to the chart entitled Minority Households as a Percent of Total Households in 1990 and 2000, included in the Appendix.

The figures below show the change in percent of total households that are Black and Hispanic. In general, population changes have been much more substantial in the

City than in the remainder of the County. Black households comprised 26.6% of City households in 1990 and 33.4% of City households in 2000, while Black households comprised only 2.8% of all households outside the City in 2000. The difference between the proportion of Hispanic City households and the proportion of Hispanic suburban households was much less extreme. In 2000, 9.9% of City households were Hispanic, while Hispanics made up 1.5% of households in suburban Monroe County. Refer to the charts entitled Black Households as a Percent of Total Households in 1990 and 2000 and Hispanic Households as a Percent of Total Households in 1990 and 2000, included in the Appendix.

#### Renter Households

The number of minority renter households increased in all areas of Monroe County, and the number of minority rental households in suburban Monroe County more than doubled. In 1990 there were 2,983 minority rental households living in Monroe County towns. By 2000, this number had grown 117%, to 6,465. Suburban rental opportunities more than doubled in both inner and outer-ring towns. In the City of Rochester, the number of minority rental households increased 31%, to 6,902 households. Refer to the chart entitled Number of Minority Renter Households in 1990 and 2000, included in the Appendix.

Much of the increase in the number of minority renter households in suburban towns can be attributed to the dramatic increase in the number of Hispanic households. Hispanic renter households increased 125% in suburban Monroe County, from 629 in 1990 to 1,416 in 2000. Black renter households increased 66%, from 1,550 in 1990 to 2,579 in 2000. Refer to the chart entitled Number of Renter Households by Race and Ethnicity in 1990 and 2000, included in the Appendix.

#### Minority Owner-Occupant Households

Between 1990 and 2000, home ownership opportunities for minorities in suburban towns increased by more than 60% in both the inner and outer-ring towns. The increase in the number minority owner-occupant households was greater outside the City than in Rochester. However, minority households remain much less likely to own homes than White non-Hispanic households. Refer to the chart entitled Number of Minority Owner-Occupant Households in 1990 and 2000, included in the Appendix.

The owner-occupancy rate for White non-Hispanic households Monroe County remained twice the owner-occupancy rate for minority households. In 1990, the owner occupancy rate for White non-Hispanic households was 70.0%, increasing to 72.0% in 2000. In the City of Rochester, the owner-occupancy rate for White non-Hispanic households actually decreased, from 51.3% in 1990 to 48.8% in 2000. In 1990 the owner-occupancy rate for minority households was 35.6%, increasing only one half of one percent, to 36.1% by 2000.

Due to the relatively large increase in the number of minority rental households living outside the City, the owner occupancy rate for minority households actually decreased in all areas outside the City of Rochester. The owner-occupancy rate for minority City households increased only slightly, from 29.6% to 30.4%. Overall, the owner-occupancy rate for minority households remained flat.

Outside the City, the decline in the owner-occupancy rate of Hispanic households was greater than the decline of the owner-occupancy rate of Black households.

Again, this was due to the greater number of renter households living outside the City in 2000 compared to 1990. Rental opportunities for minority households outside the City have exceeded opportunities for home ownership. Refer to charts entitled Number of Owner-Occupant Household by Race and Ethnicity in 1990 and 2000 and Owner-Occupancy Rates for Households by Race and Ethnicity in 1990 and 2000, included in the Appendix.

#### Market Share

Due to the increase in minority households and decrease in White non-Hispanic households, changes have occurred in minority renter and homeowner market share of occupied housing units in Monroe County and the City of Rochester. These changes have been slight outside the City. Minority households still comprise a small proportion of the suburban Monroe County market.

#### City of Rochester

Since 1990, substantial changes have occurred in minority market share in the City of Rochester. In 1990, minority renter households occupied 24% of occupied housing units, and minority owner-occupant households occupied 10%. In 2000, one-third of occupied housing units were occupied by minority renter households and 14% by minority owner-occupant households. The market share of occupied housing units held by White non-Hispanic households decreased from 66% to 53% between 1990 and 2000. Refer to the chart entitled Household Tenure by Race and Ethnicity in Rochester, NY 1990 and 2000, included in the Appendix.

#### Suburban Monroe County

In suburban Monroe County, shifts in market share of occupied housing units for minority households were less dramatic. Minority households increased their total market share from 5% in 1990 to 7% in 2000. In 1990, minority renter households occupied 8% of the rental housing outside the City and just 4% of the owner-occupied housing. By 2000, the share of rental housing in suburban Monroe County occupied by minorities increased to 13%, and the share of owner-occupied housing increased to 5%. These are modest increases considering that the number of minority households in Monroe County increased 42% while the number of White non-Hispanic households decreased 1%. Refer to the chart entitled (Household Tenure by Race and Ethnicity in Suburban Monroe County in 1990 and 2000 included in the Appendix.

The figures and various charts detailing the owner-occupancy of Black, Hispanic and total minority households for various areas in Monroe County, the market share, deed and mortgage activity, and median home prices and sales will be included in the Appendix of this Plan. Although the market share of Black, Hispanic and total minority owner occupant households increased in every area of the County, suburban increases are modest compared with the City of Rochester and considering the increase in the total number of minority households in Monroe County.

#### Persons with Developmental Disabilities (Special Needs Facilities and Services)

Due to the continued need and the success of New York State-CARES, the Governor proposed New York State-CARES II. The Executive Budget Recommendation for 2003-04 introduced the expansion of the NYS-CARES initiative. NYS-CARES II is a



ten-year plan that will enable us to serve a total of more than 8,500 individuals in New York State. This new initiative will strive to serve the entire residential waiting list for developmentally disabled persons over the next ten years, based upon when families say they need these services.

Residential services will be developed utilizing an organized health care delivery system approach to ensure choice, efficiency and quality, as well as to enhance the recruitment and retention of direct care staff. This plan supports 189 new residential opportunities and 70 new day service opportunities. The Finger Lakes Developmental Disabilities Service Office (DDSO), has been relatively successful in capturing additional NYS CARES allocations, therefore, the number of new residential opportunities may expand. The priorities for the Finger Lakes DDSO new residential opportunities are the following:

- Individuals with high medical needs
- Individuals with challenging behaviors
- Individuals who are elderly
- Individuals who are in under served areas (rural, inter-city)
- Individuals who are dually diagnosed (Developmental Disabilities and Mental Illness)

In addition, funding is included for family supports and at-home residential services while individuals are waiting for an out-of-home residential opportunity to be developed.

Over the next ten years, NYS-CARES II will support 1,900 new residential opportunities and 370 new day services opportunities. In addition, funding is included to provide expansion of family support services and 600 new at-home residential habilitation opportunities. State-operated opportunities will be available to those who choose them. Finally, funding is included to assist in the reconfiguring and restructuring of larger, older community homes into smaller, more person-centered programs. The Monroe County portion of NYS-CARES II may support approximately 505 people.

Currently in New York State, there are approximately 8,500 individuals waiting for residential services. In Monroe County 635 people with developmental disabilities are waiting for residential services as evidenced by the Developmental Disabilities Profile (DDP) Database as of March 2000. This list does include prospective individuals who plan on moving from their parent's home when they age out. Of these 635 people, 130 of them have been identified for future projects. Of those remaining, 110 are children and 395 are adults.

The Finger Lakes Developmental Disabilities Service Office (DDSO), in cooperation with partner not-for-profit agencies, solicited information regarding the needs of people in its ten-county area. In Monroe County, the response from 686 individuals demonstrated a strong need for alternative housing. Of this total, as of March 1, 2003, 329 people have been given services and removed from the residential waitlist in Monroe County. Through NYS-CARES, 45 new homes or apartments have been made available as Individual Residential Alternatives (IRA's). The average size of these homes is 4 units. The Finger Lakes DDSO maintains an individualized waiting list that is updated weekly. This list documents by name, birth date, gender, city/town, zip code, county, language, ethnicity, primary and secondary disability, current day program or employment and preference date for placement, all those on

the Monroe County residential waitlist. It is important to note that it is a very dynamic process and people are added and subtracted as needs are met.

There are 1,903 existing residential beds (an increase of 24 beds since 2003) in Monroe County where people with developmental disabilities can receive support services. Of these 1,903 residential beds in Monroe County for individuals with developmental disabilities, there were only twelve (12) vacancies as of April 2004. This is only a 0.007% vacancy rate and predominately supports frictional turnover. People who are in crisis will quickly fill these available beds.

Continuing Developmental Services, Inc. (CDS) is a not-for-profit agency that serves 1,300 people in Monroe County. These services include residential, early intervention, day services, employment, transportation and service coordination. Currently, CDS provides housing to 178 individuals who have a developmental disability.

CDS has a current waiting list of 80 individuals who are seeking housing in the next five years - a decrease of 5 individuals since 2004. Most of these individuals are eligible for NYS-CARES II. CDS is currently planning to open three (3) homes in 2005 and three (3) homes in 2006 that will serve individuals with developmental disabilities. One of the projects due to open in 2005 will provide people with individual residential alternative (IRA) apartments. To develop the proposed IRA apartments, it was necessary for CDS to secure additional funds from HUD's Section 811 program.

All apartment units developed by CDS are either handicap accessible or adaptable to allow residents to age in place; a philosophy that CDS and many other providers are following. Although the initial capital costs may be greater in developing handicapped accessible housing, in the long-term, this practice will save money as the person will not need to be relocated into another facility should they become non-ambulatory and the home will not require more expensive renovations to make it handicapped accessible.

Lifetime Assistance, Inc. (LAI), is a not-for-profit agency that has been providing a variety of residential day and support services for children and adults with developmental disabilities throughout Western Monroe County for the past 26 years. LAI currently provides services for over 1000 individuals, including group homes, supervised apartments and supportive apartments for 294 individuals; an increase of 15 individuals since 2004. LAI currently has 279 individuals on their waiting list for residential placement; an increase of 57 individuals since 2003. The waiting list continues to grow as the number of children with developmental disabilities reach adulthood.

The individuals with developmental disabilities that LAI is currently working with are low-income. The lack of affordable housing has been the major stumbling block to their ability to achieve greater independence. Specifically, the majority of individuals served are at or below 50% AMI, therefore, the only way that they can live on their own is through the use of Section 8 Vouchers.

Given the limited number of assisted or subsidized apartments, or Section 8 vouchers, LAI has opened several OMRDD-certified apartments. Currently, it has supervised apartments located in Gates, Clarkson, Ogden, Hamlin, Brockport, Greece, Irondequoit and the City of Rochester to serve 73 individuals in 41 units; an

increase of 12 individuals with the opening of the Island Cottage Apartments in the Town of Greece.

In December 2002, LAI opened additional Individual Residential Alternative (IRA) residential sites consisting of a 4-unit apartment building for six (6) individuals in the Town of Irondequoit; a group IRA home for four (4) individuals in the Town of Greece in February 2002; a 3-unit IRA apartment building for five (5) individuals in the Town of Greece in April 2002; and an 8-unit IRA apartment building for ten (10) individuals in LeRoy in March, 2003; a group home for four (4) individuals in the Town of Gates in September, 2003; and a 7-unit IRA apartment building for twelve (12) individuals in the Town of Greece in December, 2003. In addition, LAI recently opened an additional an Individual Residential Alternative (IRA) for four (4) individuals in the Town of Chili. As of March 2005, LAI owns and operates nine (9) supervised apartment buildings and twenty-four (24) group homes throughout Monroe County.

In May 2005, construction will begin on a single-story, handicapped accessible, 8-unit (6 1-Bdrm & 2 2-Bdrm) IRA apartment building for ten (10) low-income individuals with developmental disabilities located at 1108 North Greece Road in the Town of Greece. This project was a collaborative effort among LAI, Monroe County, and the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD). Monroe County will provide \$175,000 of HOME Program funds for this project.

Individuals with developmental disabilities have many supportive services available to them in Monroe County. Many individuals are supported in jobs in the community through supported employment. There are 969 people who receive this service and there are approximately 180 available vacancies, which is an 18.57% vacancy rate that primarily supports frictional turnover. The County currently has nine workshops, which provide employment for approximately 676 people with developmental disabilities. There are approximately 20 vacancies in these programs or a 3.0% vacancy rate. The County presently has day rehabilitation opportunities available for 293 people. Since these services are individually based there are no vacancies. Monroe County has Day Treatment opportunities available to 771 individuals. There are only eight (8) vacancies in these programs.

There are many existing community residences that are aging or are no longer appropriate for the population they serve. This creates the need to access other sources of capital funding from the county, state, and federal governments. The most current Finger Lakes Developmental Disability Service Office (DDSO) demographic data available on the number of people listed on the Finger Lakes DDSO waiting list is dated April 2002. The Finger Lakes DDSO Demographic Data Waiting List consisted of the following demographic features as of April 2002:

#### RACE

Caucasian: 71.6%  
African American: 20.0%  
Hispanic: 6.3%  
Asian American: 1.2%  
Other: 0.9%

#### DISABILITY

Mental Retardation: 94.3%  
Autism: 8.4%  
Cerebral Palsy: 15.2%  
Neurological Impairment: 9.7%  
Epilepsy: 30.9%  
Visual Impairment: 7.5%  
Hearing Impairment: 6.5%  
Mental Illness: 27.0% (Note: Not a developmental disability, but a co-existing disability)

(Note: Many people have coexisting disabilities so the total percentage is greater than 100%).

#### SPECIAL SUPPORTS NEEDED

Behavioral Supports Needed: 26.7%  
Elderly Supports Needed: 4.5%  
Medically Frail: 3.7%  
Wheelchair Accessibility: 8.7%

#### CURRENT LIVING SITUATION

At Home with Parents: 90.4%  
Living Independent: 3.9%  
Other: 5.7%

#### LANGUAGE

English: 94.5%  
Spanish: 3.2%  
Other: 2.3%

#### WHEN PLACEMENT NEEDED

1999 or Before: 37.2%  
2000: 16.6%  
2001: 23.7%  
2002: 4.1%  
2003: 4.0%  
2004: 13.9%

#### SPECIFIED TOWN/CITY

Rochester: 12.4%  
Greece: 8.7%  
Webster: 5.8%  
Penfield: 4.9%  
Perinton/Fairport: 3.7%  
Gates: 3.7%  
Brighton: 3.5%  
Irondequoit: 3.2%  
Pittsford: 3.2%

Henrietta: 2.8%  
Spencerport: 2.5%  
Other Unspecified: 1.2%

Individuals may not be represented above because the family has decided to care for their adult child. However, a crisis may occur in that family (death, divorce, disability, etc.) making it necessary for the person to be cared for elsewhere. For these individuals, we will not know their need until it becomes an emergent situation.

Another factor that may cause under-representation of these above numbers is culture. Many cultures, including the Hispanic, Asian-American and Native American cultures often do not seek outside support or assistance in the care of a family member. Again, we will not know about the needs of these persons until there is a crisis or emergent situation.

Of particular note, senior housing is needed as there are many individuals reaching senior years with particular needs that can no longer be met in their current housing situation. Such special needs require single-story structures, which allow for wheelchair accessibility. In addition to group home development, independent apartment settings have been listed as preferences for many people awaiting alternative housing options.

Many people with developmental disabilities are interested in owning a home of their own. Many of these individuals are working with the local Home Store, First Time Homebuyer Programs and other sources to procure first homes and mortgages at lower rates. OMRDD also has Individual Service Support (ISS) funds available to individuals to supplement the loss in SSI funding individuals experience when they do not live in congregate care.

#### **Persons with Mental Illness**

According to the Monroe County/CCSI Behavioral Health Community Data Base, there were 34,275 unduplicated individuals served by the public mental health system in Monroe County during 2004. During that year, 1,169 unduplicated individuals were served in OMH-licensed or funded housing in the community (this number includes duplication as individuals may have been served in more than one level of housing during the year). OMH-licensed or funded housing includes supervised community residences, supervised and supportive apartments and supported housing (independent living with case management and other support). The vast majority of persons served by the public mental health system reside in other community housing options.

There continues to be a significant need in the community for additional housing options for persons with mental illness. Adult Care Facilities have been used as housing placement options for individuals who have been unable to successfully reside in other community residential facilities or to live independently or semi-independently in the community. Although various sources of funding have been utilized to develop alternative housing options, the need continues to be much greater than the existing housing resources. Persons with mental illness continue to need access to affordable housing with supportive services. Flexible, individualized support services are necessary to support and sustain individuals in their housing.

#### **2. Number and Targeting of Units Currently Assisted**

The number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts) is included in the Appendix.

#### Assessment of Section 8 Contracts

HUD has changed the Section 8 funding system to a formula based grant based on utilization rates and monthly unit costs in a given period. After determining each Section 8 agency's eligibility level, the amount of funding available is prorated by the amount that Congress has appropriated. This might be 100%, or 97%, or 102% of actual eligibility. Since the Federal budget is greatly stressed, the Rochester Housing Authority (RHA) anticipates that funding will decline even while rental and utility costs continue to rise. Unless Congress increases future funding, this will result in loss of assisted housing units in the City of Rochester and Monroe County.

#### Section 8 Housing Conversion Actions

In a continuing effort to preserve affordable housing, in 2004, HUD awarded the administration of 365 Enhanced Vouchers to RHA (126 1-Bdrm; 147 2-Bdrm; 73 3-Bdrm; 19 4-Bdrm) in conjunction with the housing conversion action at English Village Apartments in Greece. Eligible families residing in this Section 236 non-insured financed rental housing development will be issued tenant-based Section 8 Vouchers which will enable these families to either remain in the English Village complex or move elsewhere.

Previously, HUD requested that RHA administer 294 Housing Preservation, tenant-based vouchers (117 1-Bdrm; 120 2-Bdrm; 46 3-Bdrm; and 11 4-Bdrm) for eligible tenants residing at Penbrooke Meadows Apartments located in the Town of Penfield. As a result of housing conversion actions, eligible tenants residing in this HUD-subsidized, Section 236 non-insured financed, 350-unit rental housing development were issued tenant-based Section 8 vouchers. These Housing Preservation, tenant-based vouchers were provided by HUD in response to the property owner's decision to pre-pay the mortgage effective March 1, 2000, therefore, allowing the owner to convert rents to a market rate schedule.

Monroe County is carefully monitoring other rental projects that are potential candidates for mortgage pre-payment. A chart reflecting the contract expiration dates of subsidized rental projects is included in the Appendix. In addition, the County will assess alternative opportunities, such as the potential availability of special admission vouchers that may be made available for families as the result of housing conversion actions.

### 3. How Housing Market Will Influence Use of Funds

The characteristics of the housing market described in this section and the Housing Needs and Priority Housing Needs sections influenced the use of funds made available for new housing construction, development of new rental units, rehabilitation of old units. For example the age and condition of housing in suburban Monroe County affirms the need for housing rehabilitation as well as the development of new units. The median sales price puts new construction out of



reach for many first-time homebuyers, which affirms the need for additional subsidy in the development of newly constructed homes.

### **Specific Housing Objectives (91.215 (b))**

1. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.
2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

3-5 Year Strategic Plan Specific Housing Objectives response:

#### **1. Priorities and Objectives**

Monroe County has identified the following housing priorities which will maximize the impact of limited CDBG and HOME allocations:

- A. Rehabilitation of Owner-Occupied (Single-Family) Units
- B. Home Ownership Opportunities
- C. Rental Housing Development (New Construction and/or Rehabilitation)
- D. Housing Stability
- E. Fair Housing & Community Choice

The County's specific objectives to provide affordable housing opportunities and ensure fair housing choice are as follows:

#### **A. Housing Rehabilitation**

Preserve existing single-family units through the continuation of the CDBG and HOME-funded Home Improvement Program that assists moderate, low and very low-income elderly and family homeowners to repair and maintain their homes, including accessibility improvements for those with disabilities.

#### **B. First-Time Homebuyer Program**

Expand homeownership opportunities through the County's First Time Homebuyer Program, including assistance to access the single-family housing market for moderate, low and very low-income families, particularly special needs and single-headed households. Types of assistance provided are counseling and provision of home purchase subsidies to buyers of existing and newly constructed homes. A new construction allocation has been identified to expand the availability of affordable new homes for eligible families.

#### **C. Rental Housing Development Programs**

Expand development of additional rental units through the County's Affordable Rental Housing Development Programs to provide quality rental housing for moderate, low and very low-income elderly and handicapped/disabled households (with supportive services) and families.

In addition, the County will continue to encourage private and non-profit developers to set aside rental units in proposed projects that are affordable to households in the 0 - 30% AMI income level. To achieve this objective, it may be necessary to increase the number of proposed units in a project to allow fixed costs for management and maintenance to be more widely spread in project operating budgets. Also, it may be possible to reduce debt service and increase equity in such projects through creative financing (i.e. increasing loan terms and combining various financial sources to provide increased funding amounts). In addition to serving households at and below 30% AMI, proposed affordable rental housing project applications that provide handicap accessible and/or adaptable units will enhance the potential to obtain County support and/or financial assistance.

D. Section 8 Program

Support and expand coordinated planning efforts to secure and distribute Section 8 Program rental housing certificates/vouchers, including project-based assistance in suburban Monroe County.

E. Housing Stability

Homeless Continuum of Care Plan

Assist homeless persons, in accordance with the Homeless CoC Plan, to secure supportive housing (emergency, transitional and permanent) and services necessary to achieve independent living.

Housing Counseling

Provide counseling services that promote a stable living environment, including home ownership counseling, long-term credit repair, foreclosure prevention and predatory lending, landlord/tenant counseling and housing hotline services.

F. Fair Housing & Community Choice

Fair housing and expanded opportunities for all low to moderate-income persons are at the cornerstone of the County's housing objectives. None of these activities would be possible without fair housing education and outreach, and Monroe County remains committed to providing a wide array of fair housing services over the term of this plan.

Monroe County will take advantage of all available resources from other public and private sources in order to expand the opportunities presented to low to moderate-income persons as part of these programs.

2. How Resources will be used to Address Needs

HOME Competitive Application Process for Rental Housing Development

All HOME funds will be distributed competitively, with the CD Division as the administering agency. Eligible applicants will submit applications that will be reviewed and competitively ranked according to the criteria set forth below.

In 1993 Monroe County NOFA initiated the competitive HOME application process. This on-going process was established to efficiently accommodate potential financing opportunities that may be made available to Applicants through the issuance of other state and federal NOFAs. Applicants are required to provide documentation needed to determine project feasibility and marketability, including but not necessarily limited to:

- feasibility study and market analysis of the proposal
- proposed project financing and leveraging plan
- schedule with specific dates of the expected project commencement date, expected completion date, and if appropriate, the anticipated schedule for closing and occupancy of units
- description of the applicant's qualifications and previous experience
- statement by the applicant on the status of all public approvals and clearances required to undertake the project
- plan on how applicants will ensure compliance with federally mandated regulations throughout the regulatory term
- statement describing the amount and source of any matching contributions required for the proposed project
- statement of need and how the project furthers the goals of the County's Consolidated Plan

In selecting from among eligible applications, consideration is given to:

- extent to which the proposal will serve a demonstrated need
- degree to which the proposal leverages private investment or other funding
- likelihood of successful project completion, including consideration of:
  - a. market analysis submitted
  - b. prior experience of the applicant
  - c. viability of the submitted completion schedule
  - d. type of assistance requested

Projects will remain affordable for the minimum period required by federal regulation and may be regulated for a longer period if other funding is utilized.

Community Housing Development Organizations (CHDO)

The County will reserve a minimum of fifteen percent (15%) of the total amount of HOME funds that it receives for CHDOs, in accordance with provisions of the NAHA of

1990. CHDOs will apply to the County to develop, sponsor or own projects and will be eligible to undertake any eligible activity in accordance with 24 CFR Part 92 Subpart G (Community Housing Development Organizations). In addition, a CHDO, in connection with housing it develops, sponsors or owns with HOME funds provided under this section, may provide direct homeownership assistance (e.g. down payment assistance). Limitation: A CHDO may not receive HOME funding for any fiscal year in an amount that provides more than fifty percent (50%) or \$50,000, whichever is greater, of the CHDOs total operating expenses in that fiscal year. This also includes organizational support and housing education provided under section 233(b)(1) and (6) of the Act, as well as funds for operating expenses provided under CFR 92.208.

The County conducts outreach activities and technical assistance to CHDOs. County staff, consultants made available by means of technical assistance funds to the County and non-profit intermediaries designated by HUD are all involved in the provision of technical assistance to CHDOs and potential CHDOs. During the year, special informational sessions are held with CHDOs that focus on particular topics related to the HOME program. County staff maintains frequent contact with CHDOs, and when it is determined that a group may benefit from individual technical assistance (either from HUD staff, a consultant, or a non-profit intermediary), appropriate referrals are made. The County intends to continue these efforts in the future to the extent that available resources permit.

Additional project-specific assistance may be made available to CHDOs in the form of technical assistance, site control loans and seed money loans, in accordance with 24 CFR Part 92 Subpart G (CHDOs).

As described earlier, CD conducts a competitive application process for projects funded through CDBG. This process is applicable to the sub-recipients chosen to administer the County's Home Ownership Program as well as provide housing and fair housing counseling services.

## RESOURCE COORDINATION

To address priority needs and specific objectives identified in the Plan, the County expects to utilize, in conjunction with other financial resources, the following federal, non-federal public, non-profit, foundation and private resources and entities. Monroe County has developed strong working relationships and financial partnerships with these agencies to facilitate the development of affordable housing opportunities.

### Public Entities

The City of Rochester and Monroe County have worked on collaborative projects for many years to develop and oversee the Homeless CoC Action Plan and the Community Choice Action Plan. In addition, several components of County government will work together with the Towns of Greece and Irondequoit and with public agencies and units of State government to carry out the housing affordability and community development strategies.

- County of Monroe Industrial Development Agency (COMIDA) – In 1997, Industrial Development Agencies (IDAs) across New York State expanded the scope of permitted uses to include issuance of non-industrial tax-exempt 501c(3) civic facility bonds for the construction of housing projects for individuals 60 years of age

or older. Due to the 1997 changes in NYS law, the County of Monroe Industrial Development Agency (COMIDA) is permitted to assist not-for-profit residential facilities with bond issuances of less than \$20 Million and designed primarily for individuals 60 years of age or older. COMIDA can assist these projects in Monroe County and the City of Rochester by providing access to the Civic Facility Tax-Exempt Bond market, which enables these projects to be financed with low-interest financing. This financing also makes it possible to serve middle income (above 80% AMI) elderly.

COMIDA also assists for-profit senior housing developers to construct projects targeted to low-income individuals by issuing tax-exempt mortgage revenue bonds. Since these projects are financed through COMIDA, they are automatically eligible to receive as-of-right tax credits.

In 2004, English Village apartments, received \$30 million in assistance through Mortgage Revenue bonds, for the purchase and renovation of 550 apartments, with 185 apartments set-aside for low-income individuals. This renovation project is underway. Similar projects expected to begin construction in 2005 include the \$20.55 million Charlotte Harbortown and \$11.5 million Los Flamboyanes low-income affordable housing developments, both of which are located in the City of Rochester.

The below listed public entities are described in detail elsewhere in this Plan:

- Monroe County Department of Planning and Development
- Community Development Offices of Greece and Irondequoit
- Monroe County Department of Human Services (MCDHS), Division of Social Services
- Monroe County DHS Office for the Aging (MCOFA)
- Monroe County DHS Office of Mental Health (MCOMH)
- Rochester Housing Authority (RHA)
- Fairport Urban Renewal Agency (FURA)

#### Federal Entitlement Grant Programs in Suburban Monroe County

- CDBG
- HOME
- ADDI

#### Federal Non-entitlement Programs

The Monroe County Consortium and the Towns of Greece and Irondequoit will encourage other agencies, and private for profit and nonprofit developers and assist in fully utilizing the following other federal programs to implement the strategies of the Strategic Plan:

- Section 8 Program of Certificates and Vouchers
- Low-Income Housing Credit (LIHC) Program
- HUD Section 202 Housing Program
- HUD Section 811 Housing Program
- U.S. Department of Agriculture Rural Housing Service, the U.S. Department of Housing and Urban Development, and the U.S. Department of Energy - Each of these federal agencies will be used as a source of funds to expand the supply of affordable

housing and develop livable communities. Of particular importance will be the use of Section 811, Section 202, CDBG and HOME program funds from HUD

#### State Entities/Programs

- New York State Division of Housing and Community Renewal (DHCR)
- Homes for Working Families Initiative (HWF)
- Senior Housing Initiative (SHI)
- State of New York Mortgage Agency
- NYS Affordable Housing Corporation (AHC)
- Mobile Home Cooperative Fund

#### Private Entities/Programs

- Federal Home Loan Bank of NY (FHLBNY) Affordable Housing Program (AHP)
- Federal Home Loan Bank of Cincinnati, Affordable Housing Program (AHP)
- Greater Rochester Housing Partnership, Inc. (GRHP)

#### Nonprofit Organizations

The Consortium will look to these agencies as primary entities to develop affordable housing and pool resources. Since they work to develop housing that will remain affordable over the long term, these agencies will also assist in the delivery of needed support services to elderly residents and low income renters. The Consortium anticipates that these agencies will continue to play major roles in the development of low-income housing:

- United Way of Greater Rochester
- Greater Rochester Housing Partnership
- The Housing Council
- Bishop Sheen Ecumenical Housing Foundation
- Housing Opportunities, Inc.
- Rural Opportunities, Inc.
- Providence Housing Development Corporation
- ISLA Housing and Development Corporation
- Urban League of Rochester Economic Development Corporation
- Flower City Habitat for Humanity
- Fairport/Perinton Senior Living Council, Inc.
- Perinton Churches Housing Inc. Lifetime Assistance Incorporated
- Heritage Christian Home, Inc.
- Continuing Developmental Services, Inc.
- YWCA Rochester and Monroe County
- Sojourner Place

These non-profit organizations play a major role in assisting the County in:

- administering programs in accordance with fair housing requirements
- implementation of the City/County community choice strategies by providing:
  - a) affordable housing opportunities and alternatives
  - b) supportive services
  - c) fair housing promotion/services, education and outreach



## **Needs of Public Housing (91.210 (b))**

In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including the number of public housing units in the jurisdiction, the physical condition of such units, the restoration and revitalization needs of public housing projects within the jurisdiction, and other factors, including the number of families on public housing and tenant-based waiting lists and results from the Section 504 needs assessment of public housing projects located within its boundaries (i.e. assessment of needs of tenants and applicants on waiting list for accessible units as required by 24 CFR 8.25). The public housing agency and jurisdiction can use the optional Priority Public Housing Needs Table (formerly Table 4) of the Consolidated Plan to identify priority public housing needs to assist in this process.

3-5 Year Strategic Plan Needs of Public Housing response:

### **RHA Public Housing Located in Suburban Monroe County**

Number of Units (Occupied and Unoccupied) - To date, only one (1) suburban Monroe County public housing rental project is maintained by RHA outside of the City of Rochester. This project, Antoinette Blackwell Estates, is located in the Town of Henrietta. Antoinette Blackwell Estates was developed prior to a legal opinion stating that RHA is prohibited from owning property outside of the City of Rochester. Antoinette Blackwell Estates consists of 100-units (99 1-Bdrm and 1 2-Bdrm) for elderly households. In April 2005, occupancy reports indicated that 95 1-Bdrm units are occupied and five (5) units are vacant (95% occupancy rate).

Physical Condition - None of the occupied or unoccupied units are classified as substandard.

Restoration and Revitalization Needs - RHA has determined that approximately \$19,000 annually is necessary to rehabilitate the units at Antoinette Blackwell Estates.

### **RHA Public Housing Located in the City of Rochester**

Number of Units (Occupied and Unoccupied) - The need for public housing continues to be significant. A steady demand for family public housing units continues, while there is a good supply of affordable public housing located in the City of Rochester for the elderly. As of April 2005 the number of occupied units in the City totaled 2,285 (1,275 0 & 1-Bdrm, 378 2-Bdrm and 632 3+Bdrm), and the number of vacant units is 66 (37 0 & 1-Bdrm, 16 2-Bdrm and 13 3+Bdrm), which represents an occupancy rate of 97%. These totals include the 15 units at Anthony Square. As mentioned above, 95 of the 100 (1-Bdrm) units at Antoinette Blackwell Estates located suburban Monroe County are also occupied which brings the total RHA public housing units that are occupied to 2,380, an overall program occupancy rate of 97%.

### **Public Housing Waiting List**

The number of families/households on the public housing waiting list is 1,129. The total number of RHA public housing units is 2,451 (100 elderly units located in suburban Monroe County at Antoinette Blackwell Estates, 15 units at Anthony

Square, and 2,336 units located in the City of Rochester totaling 2,451 public housing units). Significant demand exists for public housing as evidenced by RHA's January 2005 waiting list of 1,129 households. In November 1999 there were 1,815 households on the waiting list for public housing. There is nearly four times the demand for family housing compared to the demand for elderly housing. For families, the greatest demand is for two bedroom units. Designated elderly housing is public housing exclusively available to persons age 50 and older. Non-designated elderly housing is housing available to either the elderly or individuals below 50 years of age that are disabled or handicapped. Currently, RHA has designated 800 units exclusively for elderly occupancy, and 1,277 non-designated elderly housing units for occupancy by either the elderly or persons with disabilities.

The RHA is currently accepting applications for public housing. After meeting income criteria, prospective applicants for public housing are selected according to the date of application and the availability of a unit appropriate for the applicant's household size.

#### Physical Condition (Restoration and Revitalization Needs)

None of the occupied or unoccupied units located in the City are classified as substandard. The physical condition of RHA's public housing units located in the City of Rochester and Suburban Monroe County is very good, as evidenced by HUD's overall assessment score for RHA of 87%.

RHA has determined that approximately \$753,340 (\$283,600 for 0 & 1-Bdrm, \$169,640 for 2- Bdrm and \$300,100 for 3+ Bdrm) is necessary to rehabilitate the public housing units located in the City of Rochester. The restoration and revitalization needs of RHA public housing are detailed in RHA's five-year Capital Comprehensive Fund Programs (CFP) which are produced annually on an overlapping basis.

The CFP five-year spending plan is established for physical improvements, management improvements, and supportive services for public housing residents. Each year RHA will receive an annual formula allocation to address identified needs. Under the most recent 2004 program totals RHA will receive \$5,129,697. The approved plan covers Federal Fiscal Years 2004-2008. The CFP plan is based upon a complete evaluation of the public housing units that are included in RHA's inventory. Presented in the plan is a physical needs assessment for each of RHA's 26 project locations and its scattered sites. The plan also identifies activities to improve management and to provide support services to residents.

#### Management and Operations

RHA is proposing \$475,000 (CFP 50104) in management/operational improvements through the CFP for FY 2004. Management improvements assist in enhancing property management operations and services, while expanding tenant involvement in property management. Management improvements for FY 2004 include:

- Provide additional maintenance staff training
- Continue water management program
- Provide job, employment, education, business start-up and resident council training for RHA tenants
- Provide temporary contract management staffing

- Update computer software, including preventive maintenance scheduling, and provide related staff training
- Provide home repair training

A complete copy of the CFP plan may be reviewed at the following location:

Rochester Housing Authority  
Executive and Administrative Offices  
675 West Main Street  
Rochester, New York 14611

#### Section 504 Needs Assessment of Public Housing

RHA completed its Transition Plan to bring public housing units and public facilities into compliance with Section 504 of the Rehabilitation Act of 1973 in accordance with regulations. A total of 133 units were upgraded to meet mobility accessible standards, and 73 units were upgraded to meet sensory accessible standards (e.g. for hearing and sight-related disabilities). Additional accommodations to meet accessibility needs are provided as needed to tenants as they move into public housing. Reasonable accommodations are also provided to tenants in response to any new needs for accommodations that may develop during their tenancies.

#### SECTION 8 HOUSING PROGRAM

##### Suburban Monroe County

In 2000, HUD approved the transfer of the Irondequoit, Penfield and Greece Section 8 Programs to RHA. This reduced the number of Section 8 Programs in the Rochester/Monroe County area from five to two. RHA and the Fairport Urban Renewal Agency (FURA) administer the two existing Section 8 Programs. RHA currently administers the City/County Program and FURA administers the Fairport Program. The transfer of the three Section 8 Programs resulted in the consolidation of Section 8 Certificates and Vouchers, and the expansion of RHA's current inventory to 6,667, which includes 225 vouchers from Greece, 199 from Irondequoit, and 355 from Penfield (including the 294 from Penbrooke Meadows Apartments). As a result of the transfer of programs to RHA, a centralized waiting list currently exists in the Rochester/Monroe County area, with the exception of the Fairport program. In addition the RHA program includes 535 Shelter Plus Care Households

The FURA Section 8 Program increased from 368 Vouchers to 393 Vouchers effective September 30, 2002 through the Fair Share Section 8 Program. The FURA Section 8 Program territory encompasses the Town of Macedon within Wayne County and the eastern part of Monroe County, excluding the Town of Irondequoit and the City of Rochester. In addition, the FURA administers ten (10) Section 8 Project-Based units in the 21 unit Fairport Crosman Senior Apartments project located in the Village of Fairport.

##### FURA Tenant-Based (Section 8) Waiting List Program

In addition to the 393 vouchers for tenants receiving tenant-based assistance in privately owned units included in the FURA Housing Authority's Section 8 inventory, as of April 7, 2005, there were 295 families/households on the FURA Section 8 waiting list. FURA opened the waiting list April 1, 2005 after being closed for one (1)

year. Even after being closed for one year, the wait for families to be assisted could be between 1½ to 3 years. The demand for Section 8 for families with extremely low-income limits (below 30% AMI) is the greatest at 55% of the waiting list. The rest of the demand is for higher income families, but not over 50% AMI. The current applicant makeup of the waiting list is 19% elderly, 24% disabled, and the remaining are families with children.

#### RHA Program Participants Residing in Suburban Monroe County

The total number of Section 8 household program participants has increased by 227 since March of 2003. The Fairport (FURA) program is not administered by RHA, therefore, the FURA program is not included in the December 1, 2004 breakdown total of 1,385 current RHA Section 8 and Shelter Plus Care household participants by Town and number of households: Brighton –15, Chili-36, Clarkson-2, East Rochester-29, Gates-58, Greece-666, Hamlin-3, Henrietta-67, Irondequoit-158, Mendon-5, Ogden-8, Parma-1, Penfield-82, Perinton-43, Pittsford-29, Riga-6, Rush-2, Sweden-54, Webster-99, and Wheatland-22.

#### RHA Tenant-Based (Section 8) Waiting List

There are a total of 6,667 vouchers for tenants receiving tenant-based assistance in privately owned units included in the Rochester Housing Authority's Section 8 inventory. As of December 2004, there were 3,210 families/households on the RHA Section 8 waiting list. As in the case of public housing, the demand for Section 8 one or two bedroom units is the greatest at 74%. The demand for one bedroom units however, now exceeds the demand for two bedroom units by 43%.

Currently, 90% of all RHA program participants and applicants have incomes below 30% of the AMI. RHA is required to target 75% of Section 8 assistance to households below 30% of the AMI. Of all of RHA's program participants, 85% reside within the City limits. The Section 8 waiting list was last opened in November 2003 and is now closed. RHA will reopen the waiting list as needed to utilize all vouchers available for Section 8 housing.

In April 2004, RHA was awarded 365 Enhanced Vouchers in conjunction with a Housing Conversion action at the English Village Apartment Complex in the Town of Greece. As a result of this conversion, 185 additional vouchers were awarded to RHA in December of 2004. This conversion became effective on March 1, 2005. It is unlikely that HUD will be issuing any new Notices(s) of Funding Availability (NOFAs) for Fair Share Vouchers in the foreseeable future.

Subsequent to implementing exception rents in most of the suburban towns in 1998 for one and two-bedroom units, RHA has used its discretionary authority to set the one, two, three and four-bedroom Section 8 Payment Standards at 110% of the Fair Market Rent (FMR) in all suburban towns. Additionally, based upon previous HUD approval, ten towns (Brighton, East Rochester, Henrietta, Irondequoit, Ogden, Penfield, Perinton, Pittsford, Webster and Wheatland) have payment standards ranging between 110% and 120% of the FMR.

RHA recently initiated a Section 8 Home Ownership Program using Section 8 funds, which HUD approved. This program is designed to promote and support homeownership for "First-Time" homeowners. Through this program, eligible families are allowed to purchase a home with Section 8 payments being used to

facilitate the transition from rental to homeownership. The homeownership program has produced seventeen (17) closings. Of the twenty-five (25) current homeowners, nine (9) are located in suburban Monroe County (Chili, East Rochester, Gates, Greece, Henrietta and Riga). Those that purchased in the suburbs also received subsidies through Monroe County's First-Time Homebuyer Program.

## **Public Housing Strategy (91.210)**

1. Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list), the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing, and the public housing agency's strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.
2. Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))
3. If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))

### **3-5 Year Strategic Plan Public Housing Strategy response:**

#### **1. Public Housing Agency's Strategies**

RHA has been engaging in a multi-faceted approach to serve the needs of family households. These efforts include the administration of:

- Regional Opportunity Counseling Initiative (a.k.a. "ROC")
- Project-Based (Section 8) Voucher Program
- Self-sufficiency home-ownership programs administered out of RHA's Family Investment Center
- investigating the use of RHA's bonding capacity to fund private housing developments with the assistance of not-for-profit organizations such as Providence Housing Development Corporation.

#### **Public Housing Agency Plans**

In accordance with the Quality Housing and Work Responsibilities Act (QHWR) of 1998, beginning with funding received in Federal Fiscal Year 2000, the RHA and FURA were both required to prepare a five-year plan and annual plans. The plans cover tenant-based assistance (Section 8) operations for both RHA and FURA public housing authorities, and also public housing operations for RHA. QHWR constituted a substantial overhaul of HUD's public housing and Section 8 assistance programs.

Congressional purposes for this requirement are: to advise HUD, the residents/tenants, and members of the public of the PHA's mission for serving the needs of low-income, very low-income and extremely low-income families; their strategy for addressing those needs; to provide a framework for local accountability; and to provide an easily identifiable source by which public housing residents, participants in tenant based assistance programs and other members of the public may locate basic PHA policies, rules and requirements concerning its operation, programs and services. The goals of this comprehensive planning requirement are to make more efficient use of Federal assistance, more effectively operate programs and better serve residents/tenants.

In many respects, the Public Housing Agency Plan (Agency Plan) embodies the concepts of the Consolidated Plan.

These plans require both RHA and FURA to examine their existing operations and to design long-range and short-range strategies to address those needs. The five-year plan describes the mission and long-range goals and objectives for achieving its mission.

The RHA and FURA prepare their five-year plan and annual plans in accordance with applicable regulations. A complete copy of the respective Agency Plans may be reviewed at the following locations:

Rochester Housing Authority  
Executive and Administrative Office  
675 west Main Street  
Rochester, New York 14611

Fairport Urban Renewal Agency  
Fairport Village Hall  
31 South Main Street  
Fairport, New York 14450

## 2. Monroe County Strategies to Address Public Housing Needs

Described below is the manner in which the County Plan will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership.

### PUBLIC HOUSING RESIDENT INITIATIVES

#### Tenant Associations/Self Sufficiency Activities

RHA supports several ongoing resident initiatives within Rochester's public housing community. The Resident Advisory Board, comprised of 21 public housing residents, reviews and provides input into tenant related policies and RHA's Agency Plan. Twenty or more resident councils develop and organize recreational and community activities for RHA residents. RHA provides staff support, facilities and financial assistance to encourage and support resident initiatives.

Public housing resident initiatives are in place at Antoinette Blackwell Estates, a 100-unit elderly facility in the Town of Henrietta. It is the only suburban public housing



project that is maintained by RHA outside of the City of Rochester. RHA encourages and supports tenant associations. Community space is made available and recreation and support services are offered to all residents. The programs vary and are ongoing throughout the year. RHA's Elder Source Program encourages self-sufficiency by assisting tenants with financial support, mental health and other services that help residents maintain their independence. RHA also offers van service to residents for shopping and other senior activities.

#### Living Environment

RHA continues its activities to improve the living environment of RHA residents. Enrichment activities are available to youth and adults. The following is a listing of activities provided:

#### Youth Programs

##### a) Educational

- After school and evening tutorial programs in conjunction with the City School District (Schools Nos. 2, 4, 6, 9 and 50), and the Urban League of Rochester
- Intern Programs with SUNY Brockport, Monroe County Community College and the Rochester City School District

##### b) Recreational

- Boy Scouts and Girl Scouts of America
- Urban League of Rochester Youth Programs
- RHA Bowling League
- Upstate Housing Authority Basketball League
- Resident Summer Camp

##### c) Senior Citizen Programs

- Consortium on Elderly Substance Abuse
- Nutrition Centers (at 6 locations)
- RSVP Program
- Visiting Nurse Service/Monroe County Health Department
- Grocery Shopping Bus Service

##### d) Substance Abuse Prevention/Counseling

- Substance Abuse Prevention/Counseling Program
- SWAN/Bridge Alcohol and Substance Abuse Program
- Park Ridge Chemical Dependency Program
- Rochester Rehabilitation Center

##### e) Crime Prevention

- Security Consultant Services
- Tower Power
- High Visibility Bike Patrol
- Road Patrol
- Crime prevention lectures, displays, security surveys, and patrols

- Resident Crime Prevention Organizing/Tenant Security Programs
- High-rise Guard Stations

f) Other Counseling/Support Services

- HIV/AIDS Support Group
- Enriched Housing Program (at 3 locations)
- Catholic Family Center
- Eviction Prevention Counseling
- Social Services Counselor
- Resident Council,
- Resident Advisory Board
- Family Investment Center (FIC)

Specific FIC activities include case management, education, training and employment services for residents to reach self-sufficiency and economic stability. Examples of some of the FIC programs are: Employment (skills assessment, job search assistance and job placement); Training (computer skills, construction trades, child care provider, financial assistance for other training opportunities, job readiness training, and Section 3 JTPA; Education (computer-assisted GED classes, scholarship assistance, post-GED math and reading review); Business Start-Up (small business development workshop and financial assistance for business start-up/micro-loan); Family Self-Sufficiency (homebuyer seminars, budgeting and household finances, time management, family support, financial counseling services, credit restoration and money management); and Support Groups (barriers to success, mental wellness, nutrition and values clarification).

#### Section 8 Program - Homeownership Opportunities

HUD issued the final regulations on September 12, 2000 authorizing the use of Section 8 housing subsidies to encourage homeownership opportunities. RHA operates two (2) Section 8 homeownership programs; one a tenant-based (Section 8 voucher holder) program and the other, a public housing tenant based program. Clients enroll in the RHA's Family Investment Center program to prepare for homeownership opportunities.

Under RHA's new Section 8 Homeownership Program, the Section 8 participant's portion of the monthly housing payment is applied to a mortgage along with the Section 8 housing payment. The County, Providence Housing Development Corporation and RHA are working together to provide Section 8 Homeownership Program opportunities. RHA had its first closing in the Homeownership Program in December 2001. The Homeownership Program has produced twenty-five closings. Of the twenty-five homeowners, nine (9) are located in suburban Monroe County (Chili, East Rochester, Gates, Greece, Henrietta and Riga).

#### Rochester Housing Authority – Community Choice Initiatives

Two (2) of the eighty-one (81) strategies described in the 1996 Fair Housing Community Choice Action Plan and identified as priorities in the April, Action Plan – Phase I specifically recommend the participation of RHA in facilitating suburban Monroe County housing opportunities. The status of these two strategies is described below:

**Strategy #31**

Investigate RHA's ability to participate in owning, managing or increasing affordable housing units throughout Monroe County, particularly for very low-income households, e.g., providing project-based Section 8 certificates to enhance project feasibility.

Outcome: Research is underway to determine RHA's abilities to participate in owning, managing or increasing affordable housing units throughout Monroe County. In addition, RHA is providing project-based (PB) Section 8 allocations to six (6) new construction projects and one (1) rehabilitation project in suburban Monroe County. These six (6) projects are: Briarwood Place, Village of Scottsville (Family Rental - 16 Section 8 PB of 32 units); Seldon Square II & II, Town of Clarkson (Family Rental - 26 Section 8 PB of 66 units); St. Andrew's Apartments, Town of Gates (Disabled Rental - 12 Section 8 PB of 12 units); Canal Place, Town of Greece (Family Rental - 10 Section 8 PB of 40 units); Kathlyn Gardens, Irondequoit/City of Rochester (Women with Children Rental - 4 Section 8 PB of 12 units); Elmgrove Place, Town of Gates (Family Rental - 12 Section 8 PB of 48 units).

These Section 8 project-based units are available to households with incomes at or below 30% of the AMI under the RHA Section 8 Project-Based Certificate and Voucher Programs.

As a result of various RFP's, RHA recently approved the following Project Based commitments which are in various states of approval: Erica Place, Town of Henrietta (Elderly/Disabled Rental - 14 Section 8 PB of 14 units); Seneca Place Apartments, Village of Honeoye Falls (Family/Disabled Rental - 8 Section 8 PB of 40 units); East Cove Senior Community, Town of Hamlin (Elderly Rental - 40 Section 8 PB of 40 units); and Hilton Apartments, Village of Hilton (Elderly Rental - 25 Section 8 PB of 70 units).

**Strategy #32**

Evaluate creating 501(c)3 subsidiary of RHA for innovative approaches to rental housing and/or utilizing its bonding capacity to finance such housing throughout Monroe County.

Outcome: In August 1998, RHA passed an inducement resolution for the issuance of tax-exempt bonds to utilize its bonding capacity to develop a suburban affordable rental housing project in the Town of Greece. The proposed project, Ada Ridge Court, consists of 49-units for low and very low-income elderly households. The developer, RHOC, subsequently applied to the NYS Division of Housing and Community Renewal for its Low-Income Housing Trust Fund - Tax-Exempt Bond Credit Initiative and to Empire State Development Corporation for inclusion of the tax-exempt bonds under the volume cap. RHOC did not receive bond issuance authority under the volume cap and, hence, was not approved by the Division of Housing and Community Renewal. As a result of not receiving bond issuance authority, RHOC applied to DHCR for NYS Housing Trust Fund (HTF) and Tax Credit financing in the 1999 funding round and again in the 2000 funding round. RHOC received NYS HTF and Tax Credit financing approval in July 2000 to develop the proposed Ada Ridge Court Apartments. Construction of the project was completed in September 2001.

## **Barriers to Affordable Housing (91.210 (e) and 91.215 (f))**

1. Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.
2. Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.

3-5 Year Strategic Plan Barriers to Affordable Housing response:

### **1. Barriers to Affordable Housing**

Fair housing is at the cornerstone of Monroe County's housing efforts. HUD requires communities that receive CDBG, HOME and ESG funds to conduct an analysis to identify impediments to fair housing choice; develop and implement an action plan to overcome the effects of any impediments identified; and maintain records reflecting the analysis and actions in this regard, in order to continue to qualify for funding.

In the mid-1990's the four HUD entitlement communities within Monroe County (City of Rochester, Monroe County, and Towns of Greece and Irondequoit) agreed to coordinate efforts to comply with these HUD requirements. RHA also partners with the four entitlement communities in this effort.

In 1996, the four entitlement communities completed, with the help of a consultant, the first Analysis of Impediments to Fair Housing Choice in Monroe County (AI). The AI served as a basis for the development of 81 strategies to address the many interrelated factors that affect housing choice in the community.

Once the strategies were identified, the Sponsors moved to develop and implement an action plan. Since writing the Action Plan, the Sponsors act as a "Board of Directors" overseeing Community Choice Action Plan activities and collaborating with the Community Choice Advisory Committee. In 1997, the Sponsors designated The Housing Council as the Program Administrator of the Action Plan. The Housing Council was charged with the responsibility of administering the planning efforts and oversight recommendations of the Community Choice Advisory Committee and providing Action Plan support services.

The Sponsors appointed the Community Choice Advisory Committee in 1998. Representation on the group is by formula, and the Sponsors made appointments. The Committee is an independent group dedicated to advancing housing choice through implementation of the Action Plan. In early 1998, reports from the five strategy development taskforces were used to prioritize the 81 strategies and determine which would be undertaken during the first phase of the Action Plan. The

first 49 priorities are included in the Community Choice Action Plan - Phase I, April 1998.

In 1999, The Housing Council produced the first Phase I Community Choice Action Plan Progress Report. A second Phase I Community Choice Action Plan Progress Report was completed in September 2002. This progress report describes activities and progress for the period September 1999 to December 2001. The Sponsors addressed 44 of the 49 Phase I strategies. Fifteen additional strategies that were not included in Phase I have also been addressed. Throughout 2002, the Sponsors discussed the possibility of conducting an updated AI.

Since 2001, the Advisory Committee has expanded outreach and educational activities, primarily through the use of two televised documentaray videos, "Your Community, Your Choice" in 2001 and "Your Community, Your Home" in 2003.

Monroe County and the Towns of Greece and Irondequoit released a request for proposals (RFP) in June 2003 to select a consultant to conduct an AI. The consultant, The Housing Council, was selected in August 2003 to complete the study by August 2004. Public meetings were held in the Town of Greece (4/14/04) and Town of Perinton (4/29/04) to provide an opportunity for resident concerns regarding impediments and community needs to be expressed. The Housing Council conducted fifteen focus groups to solicit ideas and receive input as part of their research. The Housing Council will adhere to HUD guidelines and requirements in conducting the AI as specified in the Fair Housing Planning Guide which includes the following activities as part of the AI Work Plan: a comprehensive review of the jurisdiction's laws, regulations, and administrative policies, procedures and practices; an assessment of how those laws, etc. affect the location, availability and accessibility of housing; an assessment of conditions, both public and private, affecting fair housing choice for all protected classes; and, an assessment of the availability of affordable, accessible housing in a range of unit sizes.

At this time the AI is still underway. The Housing Council is nearing completion of the report. Until the report is complete, it is assumed that the Community Choice Action Plan remains in effect, however, funding for the Community Choice Advisory Committee expired at the end of the 2003 program year. The group will not meet again until the AI is complete, at which time the group will be given the first opportunity to review the AI and make initial recommendations. The CD Steering Committee will also be given a first opportunity to review the report and make recommendations. The City is completing its AI, as well, and upon completion, there may be opportunities for coordinated partnerships on fair housing activities. A key objective of this Strategic Plan is to implement recommendations from the AI in order to enhance the housing choice options that are available in suburban Monroe County.

## 2. Strategies to Remove Barriers

Please see response to #1, above.

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## HOMELESS

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## Homeless Needs (91.205 (b) and 91.215 (c))

\*Please also refer to the Homeless Needs Table in the Needs.xls workbook

Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered. In addition, to the extent information is available, the plan must include a description of the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates.

### 3-5 Year Strategic Plan Homeless Needs response:

Monroe County Department of Human Services (MCDHS), Division of Social Services (DSS) annually prepares an assessment of the homeless population in a report entitled Housing/Homeless Services. The most recent report was released in April 2005, and was used in the development of the Strategic Plan.

This publication provides specific information regarding the various services and programs provided by the County Department of Human Services, a listing of the number of beds available at the various emergency homeless facilities, and the number, reasons and costs of emergency placements.

A summary of this report follows in the Homeless Facilities and Services section. The entire MCDHS report is included in the Appendix.

- During 2004 MCDHS provided emergency housing to 8,683 families and individuals; an increase of 692, or 9% from the number of placements that were conducted in 2003
- The number of placements made for single persons seeking assistance increased by 488 from 6,395 in 2003 to 6,881 in 2004.
- Since 1995, MCDHS has seen varying increases of individuals and families placed in emergency housing ranging from 14% in 1995 to 30% in 2001.
- The major cause of homelessness continues to be eviction by primary tenant (families/individuals residing in the homes of relatives or friends that are asked to leave). They are often asked to leave due to overcrowded conditions, substance abuse, domestic disputes, family breakup and strained relationships.)

MCDHS has successfully maintained a low length of stay. The goal of MCDHS is to assist homeless persons in securing permanent housing as soon as possible. During 2004, the average length of stay had been reduced in all types of emergency housing for both families and singles. For single men and women, the length of stay has remained less than 10 days since 1996. In 2004, the length of stay for singles



in motels was 2 days and 8 days in shelters. Families placed in hotels have a length of stay of less than 5 days before being placed in permanent housing and families in shelters typically are in transition for 10 days. The harder to place, larger families in temporary leased housing, averaged 26 days (an approximate one-month stay) prior to placement in permanent housing.

#### Homeless Youth

The Monroe County Department of Human Services (MCDHS)/Rochester-Monroe County Youth Bureau has received HUD Supportive Housing Program (SHP) funds for the Homeless Youth Project since 1998, to provide outreach and case management services to homeless youth. Through this program, the MCDHS conducts outreach activities and provides assistance in securing entitlement benefits and permanent housing for homeless youth residing in shelters and youth who are unable to reside with their parents. Eligibility for Temporary Assistance benefits for youth has been changed as a result of Welfare Reform. The MCDHS designed a team approach to assess youth and continue to work with the community to develop supervised housing. The MCDHS team works closely with the Runaway and Homeless Youth Services to assess and provide for the most appropriate community services. The number of requests for emergency housing placement of older homeless youth has continued to increase each year. Housing options have increased for these youth, but have not kept pace with the need. Youth are housed in youth shelters, adult shelters and hotels when there is no other alternative.

For additional information regarding youth client profiles, demographics, objectives, findings, analysis of program performance, customer needs and obstacles, refer to the Youth Emergency Housing 2004 Year End Outcome Evaluation report, included in the Appendix.

### **Priority Homeless Needs**

1. Using the results of the Continuum of Care planning process, identify the jurisdiction's homeless and homeless prevention priorities specified in Table 1A, the Homeless and Special Needs Populations Chart. The description of the jurisdiction's choice of priority needs and allocation priorities must be based on reliable data meeting HUD standards and should reflect the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals. The jurisdiction must provide an analysis of how the needs of each category of residents provided the basis for determining the relative priority of each priority homeless need category. A separate brief narrative should be directed to addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.
2. A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.

3-5 Year Strategic Plan Priority Homeless Needs response:

1. Homeless and Homeless Prevention Priorities

A. Permanent, affordable housing projects, with supportive services, developed to serve homeless populations through the provision of additional beds and/or rental units. Gross rent for permanent housing must be at or below 30% of tenant household's gross monthly income

The following priorities are not in any ranked order:

- B. Safe Haven/Drop-In Center
  - Individual rooms for those who can not tolerate community living environments
  - Shower and Laundry services
- C. Coordinated Case Management including follow-up services
- D. Improved access to mental health and/or substance abuse services/housing
  - Older Homeless Youth
  - Children (residing in shelters with their parent)
  - Out patient mental health treatment
  - For those without insurance
  - Prescription medications
- E. Employment Services/Job Placement Services for persons with little or no employment history
- F. Outreach/Engagement Services to the chronically homeless
- G. Improvements to and coordination of discharge planning processes and protocols
- H. Homelessness Prevention Services
- I. Advocacy
  - Political advocacy around issues of homelessness and housing
  - Community Education
  - Services for Sanctioned Persons
- J. Implementation of community wide homeless data collection

Analysis of How Homeless Needs Provided the Basis for Determining Priorities

To determine community priorities to most effectively meet the needs of the homeless, the Rochester/Monroe County Homeless Continuum of Care Team (CoC) obtained input from the Homeless Services Network (HSN), a consortium of more than 50 individuals and organizations who are involved with the homeless. In addition, the CoC reviewed information provided from the results of the 2003 Homeless Persons Needs Survey.

Homeless Continuum of Care Strategic Plan

Since 1998, this community has made significant investments in new and expanded shelters and support programs designed to reduce the number and plight of homeless people in Monroe County.

The community developed a Homeless Continuum of Care (CoC) Action Plan to provide a framework to enable the community to address homelessness and its underlying causes and to develop a comprehensive coordinated system of homeless services to help individuals and families achieve independence.

- The CoC Plan describes a system that ranges from emergency housing and supportive services to permanent housing with homeless prevention services that homeless individuals and families need to achieve independent living.
- The Homeless CoC Team oversees Plan implementation. The Team consists of representatives from Monroe County, City of Rochester, United Way of Greater Rochester, the Homeless Services Network (HSN), The Housing Council, the banking industry, community service organizations, community-based planning participant organizations, and a formerly homeless individual.
- Since 2002, a community network of service providers has provided assistance and input in the development of all of the annual Homeless CoC Plan updates.

Refer to the chart entitled Number of Housing Council Hotline Calls Regarding Eviction and Emergency Housing Information from 1999 through 2004, which is included in Appendix. This chart reflects the number of calls received by The Housing Council during the past five years that pertain to eviction and emergency housing information.

#### Housing Gaps Analysis Chart

The gaps in services and housing for the sheltered and unsheltered chronic homeless was developed by using data consistent with the Community's Consolidated Plan and a Point-in-Time Inventory that was conducted on April 15, 2004. The April 15, 2004 Point in Time Survey identified 81 individuals as being chronically homeless.

The CoC began monthly point in time data collection of the homeless in February 2003. The data collection tool that we use to collect the data was developed by the Center for Governmental Research at the request of the Continuum of Care Team to facilitate accurate data collection. In addition to the questions on capacity (used to complete the Current Inventory) and occupancy, data collection is also obtained each month on the future housing needs of the homeless, support services received, the number of homeless who fit the definitions of chronically homeless, number of homeless who are turned away from shelters/services, and the numbers of homeless on waiting lists for housing/services. Shelters and service providers complete the survey for the 15th of each month.

The results of this analysis and the data collected for April 15, 2004 were used to complete the HUD chart entitled Homeless Continuum of Care: Housing Gaps Analysis, dated April 15, 2004, which is included in the Appendix in a chart entitled Continuum of Care Homeless Population and Subpopulations. This chart identifies the unmet needs/gaps in services and housing for individuals, persons in families with children and sub-populations.

The emergency shelter unmet need is determined by the number of persons found in uninhabitable places. The uninhabitable count takes place the same night as the point in time survey, the number turned away from emergency shelters when beds are full and the numbers on waiting lists for emergency housing programs, the numbers of those placed in hotels, minus the number of empty beds. The unmet need for transitional housing are the numbers on waiting lists and the number turned away on the date of the survey. The unmet need for permanent supportive housing programs is determined by the number of persons on waiting lists and the number of persons from the survey projected to be in need of either of this type of housing. Providers are asked the next appropriate level of housing needed by those in shelters on 4/15/04. The number of persons projected to be in need of permanent, supportive housing is added to the unmet need because these types of programs are consistently at or above occupancy. We then subtracted the number of beds under development.

The CoC Team's HMIS Coordinator has the primary responsibility for the collection and aggregation of point-in-time data. As previously mentioned, the CoC currently collects this data monthly on the 15th of each month. The April 15, 2004 data was used to complete the Gaps Analysis information. The survey forms are sent to shelter providers each month and are to be returned to the HMIS Coordinator within 5 business days. MCDHHS also completes the survey for placements they make on the 15th to hotels. The data is entered onto a spreadsheet and the gaps analysis information is taken from this data. Concurrently to the point in time survey, the City County Outreach Team and the Homeless Youth Outreach Team conduct a street count of the homeless. Each team goes to areas where the homeless are known to congregate and are counted along with their normal outreach activities. These numbers are reported to the HMIS Coordinator to provide the information for the "Unsheltered Count".

The point-in-time survey asks questions to determine the homeless sub-populations. Providers are asked to provide the number of homeless in their shelter that fall into the following categories: (providers can choose more than one category, if appropriate)

- Substance abusers
- Seriously mentally ill
- MICA (dual diagnosis)
- HIV+/AIDS
- Veterans
- Physically Disabled
- Unaccompanied Youth
- Victims of Domestic Violence
- Other
- Chronically Homeless

As of May 28, 2003 information was captured on the numbers of homeless who fit the definition of chronically homeless. The definition is included on the survey as a reference to the person collecting the information. Counting is conducted based upon the following:

- Number that were homeless continuously for one year or more
- Number with four or more episodes of homelessness in the past three years

The first questions on the point-in-time survey ask about the capacity of the program. These questions provide the data needed to complete the current inventory of emergency, transitional and permanent housing in the Housing Activity Chart. The Homeless Services Network and the Continuum of Care Team have standard agenda items regarding new projects and updates on projects that are under development. This includes projects that are not funded through the Super NOFA process. This information is shared between the groups, and any changes or new projects under development are added to the inventory. New projects would then be added to the list of providers to complete the monthly point in time surveys.

#### Sheltered

A one-day point-in-time study the last week of January 2005 was completed in the same fashion as described above because HMIS was not operational. Future point in time surveys will use data available through the HMIS. If for any reason there are shelter providers that were not participating in HMIS, they would complete a point in time survey for the same date as the rest of the information taken from HMIS.

#### Unsheltered

The unsheltered would be counted as the CoC is currently counting. The teams would go out on the same date that the information would be collected from the housing providers.

### 2. Chronically Homeless Priority

As referenced above in this section of the Plan under 2005 CoC Homeless and Homeless Prevention Priorities, the CoC has adopted a policy to establish a high priority for chronically homeless persons per the Homeless Needs Table – Homeless Populations and Subpopulations.

Changes in the number of persons reported in the “chronic homeless,” “sheltered,” and “unsheltered” from 2003 to 2004 reflect a reduction in the numbers of chronically homeless from 112 to 81 in 2004. The CoC has assessed that this may be due to our success in moving homeless individuals into permanent, supportive housing programs through the existing Shelter Plus Programs. There is a high retention rate of participants, which reduces the number of chronic homeless in the shelter system and prevents those who have had less than four episodes of homelessness from becoming homeless again so they do not meet the definition of chronic homelessness. There was also a community wide effort this winter to develop a plan to get the unsheltered homeless into beds during severe weather conditions explained more fully in the Homeless Strategic Plan section of this Plan, which could also be a factor in the reduced numbers. Also refer to the Chronic Homeless Strategy/Goals described in the Homeless Strategic Plan, under the Chronic Homeless section of this Plan.

## **Homeless Inventory (91.210 (c))**

The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children

and subpopulations identified in Table 1A. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. The jurisdiction can use the optional Continuum of Care Housing Activity Chart and Service Activity Chart to meet this requirement.

### 3-5 Year Strategic Plan Homeless Inventory response:

Community definitions of emergency shelter and transitional housing are as follows:

#### Emergency Shelter

Housing in which homeless persons can access shelter immediately and reside for up to 30 days. An emergency shelter's primary function is to assist individuals in identifying causes of homelessness, accessing mainstream services and securing the next appropriate level of housing. The functioning, structure, rules and support services provided vary greatly from shelter to shelter.

#### Transitional Housing

Housing in which homeless persons live for up to 24 months and receive supportive services that enable them to live more independently. The services must include housing placement assistance. The supportive services may be provided by the organization managing the housing or coordinated by them and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures, at one site or in multiple structures at scattered sites.

#### Supplemental Homeless Programs and Resources

The Rochester/Monroe County homeless service delivery system has been successful in coordinating/integrating services administered by the City and County as well as with other mainstream programs listed below:

#### Outreach Programs

- The City/County Homeless Outreach Program
- Homeless Youth Project
- Homeless Youth Project/Rochester Monroe County Youth Bureau
- Mercy Residential Program/Supportive Housing for Youth

#### Case Management Programs

- Homeless MICA Program
- Safety Net Assistance Program

#### Housing Quality Improvement

- Move-in/Move-Out Inspection Project
- Pro-Active Property Management Project
- The Rent Withholding Program
- Lead Paint Program



#### Low-Income Housing Programs

- RHA/HHAP Housing Program
- Family Reunification Supportive Housing Program
- Shelter Plus Care Program
- Family Unification Program
- Welfare to Work Housing Assistance

MCDHS staff members are active participants of:

- Homeless Continuum of Care Team
- Homeless Services Network
- Homeless/MICA Outreach/Case Manager Providers Group

#### Emergency Facilities Under Contract with MCDHS During 2004

- Center for Youth
- Richards Housing (VOC)
- Alternatives for Battered Women
- Booth Haven (Salvation Army Men's Shelter)
- Volunteers of America
- Open Door Mission
- YWCA of Rochester and Monroe County
- Tempco Development (Temple B'rith Kodesh)
- Sanctuary House (Catholic Family Center)
- Women's Place (Catholic Family Center)
- Francis Shelter (Catholic Family Center)
- Hope House (Salvation Army Women's Shelter)
- Melita House (Sisters of Mercy, Blossom Road)
- Genesis House (Salvation Army)
- Jennifer House

In addition to the above referenced emergency housing facilities under contract with MCDHS, the MCDHS also coordinates with many of the state and local agencies, public housing authorities, non-profit organizations, neighborhood associations, housing developers, nonprofit organizations and medical facilities listed in this Plan under the sections entitled Institutional Structure and Homeless Strategic Plan.

### **Homeless Strategic Plan (91.215 (c))**

1. Homelessness— Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living. The jurisdiction must also describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.

2. Chronic homelessness—Describe the jurisdiction’s strategy for eliminating chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness. Also describe, in a narrative, relationships and efforts to coordinate the Conplan, CoC, and any other strategy or plan to address chronic homelessness.
3. Homelessness Prevention—Describe the jurisdiction’s strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.
4. Institutional Structure—Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.
5. Discharge Coordination Policy—Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include “policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.” The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.

3-5 Year Homeless Strategic Plan response:

1. Strategy to Address Homelessness and Priority Needs of the Homeless

Continuum of Care (CoC) Team

When HUD announced its homeless continuum of care strategy in 1994, Monroe County and the City of Rochester first called the Rochester/Monroe County Homeless CoC Team to convene. The Team is comprised of Five (5) Sponsors and Community-Based Planning Participant Organizations / Individual(s). The Monroe County Sponsor has designated representatives from the Monroe County Departments of Planning & Development, Department of Human and Health Services (MCHHS), Office of Mental Health, and the Rochester/Monroe County Youth Bureau. The City of Rochester Sponsor has designated representatives from the City of Rochester Bureaus of Housing and Project Development, Human Services, and Buildings and Zoning. The Homeless Services Network (HSN) Sponsor (a consortium of more than 50 homeless service providers) elects two (2) representatives; and both the United Way of Greater Rochester and Rochester Housing Authority Sponsors have a designated representative. In addition, a community-based planning participant (formerly homeless) individual is a representative; and a non-profit community-based planning participant organization, Providence Housing Development Corporation, has designated two representatives. The Team is continuing to diversify and broaden community-based participation. New members representing the Town

of Greece Community Development Dept., the business community and a neighborhood organization were added to the team this year.

#### Community's CoC Planning Process for Developing a CoC Strategy – Action Plan

The CoC Team conducts an ongoing comprehensive, collaborative planning process involving representatives from multiple constituencies in the community necessary to effectively plan a comprehensive continuum of care for the homeless. Each Team Member brings their expertise and connection to numerous community organizations to the table. In addition, the members bring their organization's commitment to incorporate the various housing and supportive service needs of the homeless into their respective organization's consolidated planning documents. A CoC Agreement of Participation is executed annually by all Team Members and their respective CoC Sponsors, to obtain authorization and concurrence from all Sponsors and Team Members of the roles and responsibilities assumed by individual Team Members and the Team as a whole. This Agreement provides written confirmation of each designated Team Member appointment and participation requirements.

##### A. CoC Team Mission

The mission of the CoC Team is to develop, maintain, monitor and continuously improve a comprehensive, flexible and coordinated continuum of care system of services for homeless individuals and families. The Team works to accomplish this mission through direct planning of services, coordination of services across the continuum, integration of services with mainstream community resources and monitoring of service delivery outcomes.

##### B. Lead Entity for Developing a Homeless CoC Strategy

The CoC Team leads the continuum of care planning process. The process is structured to allow for the two-way flow of information between the Team and the various community constituencies represented. The Team serves as the hub for this multi-systems process, synthesizing input to develop a single, coordinated and integrated approach to serving the homeless in the community that maximizes the use of mainstream resources.

##### C. Continuum of Care Team Planning Activities

The CoC Team convenes monthly. Sub-committee meetings are held on a regular basis and special ad-hoc meetings are convened as necessary. The Team is responsible for initiating CoC activities, monitoring their progress, measuring their success, and communicating outcomes and progress to the community. Specific activities include:

- Communicating to the broader community regarding CoC Action Plan goals, objectives, activities and tasks
- Supporting Sponsors in maintaining good working relationships with other Community-Based Organizations
- Incorporating the needs of the homeless into planning documents of respective Sponsors and organizations

- Monitoring community trends, issues and other developments relevant to making informed investment decisions
- Developing the CoC Action Plan to describe a comprehensive process for addressing the homeless housing and supportive service needs
- Overseeing the CoC Action Plan to ensure continuous coordination with all existing and proposed supportive service and housing programs/projects
- On going and ad hoc committees to address specific issues related to the housing and service needs of the homeless
- Implementation of a Monitoring Plan to assess annual performance of existing HUD-funded programs/projects to ensure compliance with proposed outcomes, and/or provide assistance and support to aid in doing so
- Annually, ensuring that a process is in place to collect, aggregate and analyze needs assessment data and demographic information that is compiled by providers, homeless individuals, and government agencies to identify and measure gaps, needs and shifts in the homeless population, including specific sub-populations
- Annually establishing and prioritizing the community's existing homeless housing and supportive service needs from the most recent assessment data
- Annually, in accordance with HUD's requirements, participating in the development of a coordinated and equitable CoC Super NOFA process to:
  - a) Coordinate and administer the local process for Super NOFA applicants
  - b) Review and rank eligible CoC Super NOFA applications per CoC priorities
  - c) Update the CoC Super NOFA Exhibit I for submission to HUD
- Developing and expanding funder and provider relationships, including relationships with mainstream resources, to support proposed projects that address identified priority gaps in supportive services and housing needs
- Supporting the development of quality permanent affordable housing as an essential element of an effective continuum of care
- Annually updating the Planning Process (Tasks/Activities) Plan
- Annually, updating the CoC Action Plan, which contains the CoC Exhibit I
- Expanding and maintaining diversity of Team membership

D. Homeless Services Network (HSN)

The Homeless Services Network (HSN) plays an important role in identifying needs, service gaps and concerns related to the homeless population. The HSN is an organization comprised of more than 50 primarily homeless service providers and individuals interested in homeless service provision. The members represent a range of interests including homeless shelter/service providers, health care, mental health, chemical dependency, veterans groups, the faith based community, law enforcement, food cupboards, local/state government and youth services providers.

The purpose of the HSN is to facilitate networking, coordinating, consulting and fund raising among agencies that provide service to the homeless.

Additionally, the HSN convenes monthly to discuss issues of concern and share information. Ongoing activities include: identification of gaps in service; provision of shelter staff training; sponsorship of informational events; investigation of promising intervention models; research of legislative and/or funding proposals; and development of minimum shelter standards and discharge protocol. Smaller workgroups have also been created to cover more immediate and specific issues as they arise such as data collection (HMIS), permanent housing, special needs populations, community resources, shelter staff training and community issues related to homelessness.

HSN activities are integrated into the CoC process. The HSN elects two representatives to be members on the CoC Team. These HSN representatives act as the liaisons between the CoC Team and the HSN membership, sharing information and issues of mutual concern. Each entity has a standing agenda item to provide updates on each other's activities and concerns.

#### E. City of Rochester and Monroe County Consolidated Plans

The Consolidated Plan is the principal planning and application document for the Community Development Block Grant Program (CDBG) and other federal formula entitlement programs, including the HOME Investment Partnerships Program (HOME), Emergency Shelter Grant Program (ESG), and Housing Opportunities for Persons with AIDS Program (HOPWA). The City of Rochester's Department of Community Development prepares the Plan for the City. Monroe County's Department of Planning and Development, Community Development Division (CD), develops the Plan for Suburban Monroe County. The processes used to develop these plans involve extensive input from the community-at-large, service providers, private sector and industry, housing developers and other governmental entities.

The Plans outline the strategic framework for community, economic and affordable housing development in the City and County. The needs of the homeless and other special needs populations are addressed in these Plans. Both City and County Plans include a specific section entitled "Homeless Continuum of Care Action Plan". Both the City's Department of Community Development and the County Department of Planning and Development, are represented on the CoC Team. The City and County CoC representatives and other staff members of these two departments work with the Team to ensure that CoC strategies and priorities are consistent with the overall Plan, and that CoC priorities are appropriately reflected in the various annual Action Plans. Information gathered via the planning processes relative to homeless supportive services and housing needs, including homeless prevention, is shared on a regular basis with the CoC Team. This coordinated method of information sharing is critical to both the City and County's planning process of receiving a broad avenue of community expertise and input into the on-going development of the CoC system, Homeless CoC Strategic Plan and annual Action Plans.

The City of Rochester has been designated as a federal Renewal Community (RC). This designation replaces the Enterprise Zone/Enterprise Community (EC/EZ) designation. The RC initiative focuses on marshalling the support and commitments of key stakeholders in state and local governments and emphasizes forming alliances with businesses and local community-based organizations. This initiative provides a

framework for state and local governments to offer incentives and other benefits for the facilitation of job development and retention. It is designed to help residents gain employment, succeed in their jobs and become economically self-sufficient. This area is primarily concentrated in the center of the city, moving outwards to the northeast, northwest and southwest quadrants. Many of the homeless services are located within the boundaries of the new RC. Planning for the homeless necessitates linkages between the CoC Team and the RC zones to effectively coordinate services that are beneficial to the homeless population.

#### F. Other Related Planning Efforts

Planning to meet the service needs of homeless subpopulation groups is conducted under the auspices of several entities in addition to the CoC Team:

- The Monroe County Office of Mental Health (MCOMH) - is responsible for planning to meet the needs of individuals with mental illness, alcoholism/substance abuse and mental retardation/developmental disabilities. The MCOMH administers funding from the federal mental health and substance abuse block grant programs.
- The Rochester/Monroe County Youth Bureau (RMCYB) - is responsible for planning to meet the needs of children and youth in the community. RMCYB develops the Runaway and Homeless Youth Services Plan and the Integrated County Plan (a consolidated youth services plan developed in conjunction with the Division of Social Services).
- The Monroe County Department of Human Services (MCDHS)- plans and administers all public benefits programs in the county, including the TANF Block grant, Food Stamps, Medicaid, income supports/assistance, temporary/emergency housing, other entitlement programs, public health services, adult protective and child welfare services. MCDHS conducts a comprehensive community planning process that includes areas related to homeless prevention and homeless services. (MCDHHS is an active member of the board that governs Workforce Investment Act activities in this community.)
- The United Way of Greater Rochester (UW) - plans through its six community investment teams, including the newly established Building Community. UW has adopted community-wide outcomes and indicators that include decreasing rates of homelessness, decreased residential transience, increase frequency of suitable housing choices, increased adequacy of income, increased self-sufficiency through stable employment, and increased education and job skills.

#### Homeless Management Information System (HMIS)

Funding for the purchase of HMIS software, hardware, etc. was approved in the 2002 Super NOFA. The HMIS Coordinator was hired in January 2003 as a result of funding approved in the 2001 Super NOFA. The HMIS Coordinator and members of the CoC HMIS Sub-committee attended regional HMIS meetings to understand how other CoCs in this region are implementing HMIS and share information learned from software demos, etc. Software demos were conducted locally and in September 2003, Service Point was chosen as the software for our HMIS system.

There were unexpected delays in the implementation of our HMIS System, but great progress has been made since 2004. The initial lead agency notified the CoC in April



2004, that they could no longer participate in that role. A new lead agency was identified and a new technical submission submitted. The contract was executed at our regional office in August 2004, and a budget amendment (change to have vendor hold the server), was approved late in 2004. Contract with Bowman Systems was signed in February 2005. The System Administration training was completed in April 2005 and we anticipate the next level of training for Agency Administrators and End Users to be at the end of May 2005. We expect that the five (5) agencies (nine programs) who have agreed to be the pilot users will begin data entry no later than July 2005, with new user groups being added every three months until full implementation is completed.

All HUD funded projects in the community have agreed to participate in the HMIS project. With the exception of one program, non-HUD funded programs are also willing to participate, agreeing to share at least the minimal amount of data to be able to produce an unduplicated count of homeless in this community. The community's domestic violence shelter has continued to express interest in participating, however they have asked to be one of the last organizations to be added as they more fully explore the confidentiality issues regarding domestic violence victims.

The CoC has two (2) active HMIS sub-committees:

Advisory Committee - composed of members of the CoC Team and technical advisor

Responsibilities:

- Finalizing policy on release of HMIS data to the public
- Ongoing oversight of HMIS project
- Develop and distribute annual Homelessness Report
- Act as mediator for unresolved issues between lead and user organization(s)
- Support lead agency as needed to ensure maximum participation in the HMIS
- Encourage community wide data sharing and maintain maximum participation
- Approval of major changes in policies/procedures or of the HMIS system itself

Accomplishments:

- Selection of HMIS Software (Bowman Systems - Service Point)
- Executed MOU with Catholic Family Center, lead agency
- Reviewed User Agency MOU, Release of Information Forms, Privacy/Confidentiality Policies, Policies and Procedures, etc.

Implementation Team - composed of representatives from agency users to evolve into the ongoing HMIS User Group

Responsibilities:

- Develop definitions of terms and examples of questions to ask, that will improve accuracy and consistency of data input
- Encourage community wide data sharing and maintain maximum participation
- Once implementation completed, become the Agency User Committee

Accomplishments:

- Identified potential users and allocated number of licenses to organizations based on number and/or size of programs
- Developed customized community wide data fields other than those required by HUD
- Developed User Agency MOU, Release of Information Forms, Privacy and Confidentiality Policies, Policies and Procedures, etc.

## 2. Strategy for Eliminating Chronic Homelessness

Chronic homelessness in this community is most often the result of serious mental illness and/or chronic substance abuse. These individuals are often difficult to engage in programs, may be non-compliant with treatment and/or medications and often have an underlying distrust of systems. Their mental illness is often the cause of inappropriate behaviors which, coupled with their inability to comply with rules or program requirements, makes them inappropriate for placement in any existing shelter as well as in more traditional mental health or substance abuse residential programs. These individuals are truly those who fall through the cracks of all mainstream services. As a result, the same group of chronic individuals frequently sleep on the streets, are admitted to hospital emergency departments, and become involved with the criminal justice system and other institutions. These individuals are often released back to the community with inadequate discharge plans. The strategies we have implemented are as follows:

### A. Outreach Efforts

There are several outreach components in our C of C system, including the City County Outreach Team, who specifically targets the chronically homeless. The City County Outreach Team goes out at night to the parking garages, streets and abandoned subway tunnels to locate and engage homeless living on the streets. This team has been going out at least once a month for the past 3 years. The team is staffed by the pastor of a local church, police officers, the TANF Intake Coordinator for MCDHS, an MCDHS Emergency Housing Team, a member of the SNAP team (unit that provides ongoing case management) and a number of other homeless services providers. Team members were chosen as they held positions that would enable them to cut through processes to ensure that the homeless receive mainstream services immediately. The team goes to areas homeless congregate at night to offer a room at a local hotel for the night. This often will not be accepted the first night a person meets the team, it takes several interactions before the individual will accept temporary housing. Once they have agreed to accept the hotel for the night, they are given bus tokens to get to MCDHS Emergency Housing Unit to meet with the SNAP worker. The SNAP worker then assists the individual with accessing mainstream financial resources and begins to develop a relationship to assist them with accessing mainstream mental health and chemical dependency services.

### B. Non-Traditional Case Management Services

The Homeless MICA project - funded by the Monroe County Office of Mental Health is staffed by an eligibility examiner employed by MCDHS, a mental health Case Manager/Crisis Therapist from Strong Memorial Hospital and a mental health Case Manager from the Rochester Mental Health Center. The eligibility examiner assists with securing entitlement benefits and locating permanent housing. The mental health case managers provide linkages to mental health services and provide follow up case management for 4 months to ensure the client remains engaged. This

program has been in operation since 1995. In 2004, 124 homeless individuals with mental illness issues were assisted in securing financial assistance, emergency, supportive and permanent housing.

The SNAP Program - funded with TANF block grant dollars, was developed in December of 2001 to augment the Homeless MICA project because severely mentally ill individuals continued to live in places not fit for human habitation and were not receiving any type of mental health treatment. The SNAP project is based on the premise that the level of interaction to develop a trusting relationship had to be frequent and ongoing. For some individuals it takes long periods of time before they will accept any services. Once this level of trust is developed, it is important to remain connected with the individual. Rather than transferring individuals to other case management services, the same case manager needs to remain engaged with the individual while they access mainstream programs. Once the individual is stabilized in housing and treatment the SNAP worker provides follow up case management to ensure the housing and mental health linkages remain in place. In 2004, on 524 different occasions, the SNAP program engaged this population to some degree.

The IMPACT Project, which is in the second year of a three-year SAMHSA grant, is an intensive case management program of Unity Health Systems that targets the chronically homeless with serious mental illness, dual diagnosis and chemical dependency issues. The case managers assist the chronic homeless with accessing mainstream treatment programs. The IMPACT Project in partnership with the Rochester Housing Authority was awarded a Shelter Plus Care grant (50 certificates) in the 2003 Super NOFA that will enhance this program by providing participants affordable, permanent housing.

#### C. Jail Transition Services

Transition case management services have been established by the Monroe County Office of Mental Health (MCOMH) at the County jail to assist persons with mental illness to be successfully linked with community services upon release from jail. Case management services are provided to individuals while they are still incarcerated, assisting with developing and implementing discharge plans. The MCOMH also administers the Assisted Outpatient Treatment Program, which allows for the court to be petitioned for involuntary outpatient services for individuals with mental illness who meet certain criteria, including danger to self or others and have historically been, and likely to continue to be non-compliant with treatment. Mechanisms have been developed for the transition team to refer individuals to the MCDHHS to assist these individuals in accessing entitlements, including cash, Medicaid and Food Stamps, in an expeditious manner.

Medication Grants Program – was established by the Monroe County Office of Mental Health in July 2003 for individuals with mental illness who are being released from the Monroe County jail and are in need of continuing medications for their psychiatric illness. This program provides short-term funding for psychiatric medications and related medication monitoring services to bridge any gap between jail release and activation of their temporary assistance benefits. Individuals will be linked with transition case managers who will assist them in obtaining the necessary medications during their transition to the community. Continuation of appropriate medications is essential for many individuals in order to access and maintain stable housing, as

chronic homelessness occurs for many individuals who may not have the ability to pay for ongoing medications.

There has been a reduction in the number of chronically homeless individuals from 2003 (112) to 2004 (81). The CoC believes this may be due to our success in moving homeless individuals into permanent, supportive housing programs through the existing Shelter Plus Programs. There is a high retention rate of participants, which reduces the number of chronic homeless in the shelter system and prevents those who have had less than four episodes of homelessness from becoming homeless again so they do not meet the definition of chronic homelessness. There was also a community wide effort that began the winter of 2004 to develop a plan to get the unsheltered homeless into beds during severe weather conditions which could also be a factor in the reduced numbers. Refer to the section to follow regarding this Severe weather Emergency Shelter Plan.

#### **D. Severe Weather Emergency Shelter Plan**

In anticipation of the severe weather events for which upstate New York is known, a collaborative group of persons involved in homeless issues met from November 2003 to January 2004 to develop and implement an emergency plan to house the hardest to serve homeless during severe weather events. Participating in the planning sessions were members of the Monroe County Legislature, County and City staff, members of the Homeless Continuum of Care Team, Poor People United, the American Red Cross and homeless service providers. The Emergency Shelter Plan (ESP) involved increased efforts to bring the hardest to house in from the cold and emergency placements provided by certain shelters willing to accept this population during a severe weather event. The plan was implemented several times throughout the first quarter of 2004, with emergency placements ranging from 12-18 persons and no weather related fatalities or hospitalizations. A small number of persons entered the continuum of care system for further assistance. Due to the delay in completing the Safe Haven project previously approved by HUD, the Emergency Shelter Plan was implemented as need from December 2004 - March 2005, without incident. It is anticipated that this plan will not be necessary when the Safe Haven is completed

#### **Obstacles to Reaching the Goal of Ending Chronic Homelessness Within 10 Years**

- The largest gap in meeting the needs of the chronic homeless, as well as the homeless in general continues to be the need for additional permanent, affordable housing with support services. The CoC Team and HSN will continue its ongoing efforts to increase the number of affordable housing units in this community.
- The community is beginning its second year of dialogue on the need for the development of low demand permanent housing. We are in the initial stages of developing a community 10-year plan to end chronic homelessness, which should include this type of housing to be successful. Education of both service providers and the community in general will be needed to make the development of such housing a reality. Staff from CD and MCDHS are active members of this subcommittee.
- The Homeless Persons Needs Surveys that were conducted in October, 2003 and again in 2004 identified that a significant number of homeless had stayed in abandoned houses and buildings. This data was supported by information from the

City of Rochester who frequently discover evidence that people had been staying in vacant properties that have been opened to be shown for auctions or other development programs. Thus far, we have not developed a successful outreach model that could identify those properties to be able to direct the persons found to the appropriate services.

#### Current Chronic Homelessness Strategy

- The CoC continues to work toward the opening of a Safe Haven. This project will be a gateway to the homeless continuum of care services, by engaging the chronic homeless in a non-threatening manner and build the trust level to a point that the chronic homeless will eventually agree to access mainstream services. The Salvation Army has recently become the new applicant for the grant awarded in 2001. They plan to locate the Safe Haven program in what is currently their emergency shelter for women which will be moving to a newly constructed site that was completed in 11/04. Because the site was already operating as a shelter there will be no zoning issues with the proposed location. Funds from the 2001 NOFA will be used for renovation of the proposed new site. Salvation Army was awarded funds in the 2004 Super NOFA for additional funds for the ongoing operation of the Safe Haven and an adjoining Homeless Drop-In Center, which will provide the support services for the participants in the Safe Haven project. A drop-in center has been another longstanding community priority. The Salvation Army, Veterans Administration, veterans organizations, formerly homeless, Volunteers of America and the IMPACT Project have been meeting to develop a community model for a downtown, 24 hour, homeless drop-in center that will provide comprehensive support services and basic needs (i.e. showers, laundry facilities, telephone and mail services, etc.)
- VIA Health, in partnership with several community partners, recently submitted a SAMHSA grant to improve access to mainstream mental health and/or substance abuse services for the homeless. The proposed project will target the chronically homeless and older homeless youth; providing outreach services, a peer counseling component, mental health and substance abuse services. Care manager and Peer Counselor will go to shelters and places the homeless are known to congregate to actively engage them in the program. Monroe County Legal Assistance will provide legal services as needed to assist participants with accessing appropriate entitlement benefits.
- The CoC Team continues to monitor the CoC system to ensure that the chronically homeless are accessing mainstream financial entitlements and mainstream service providers in a timely manner.

#### 3. Homelessness Prevention Strategy

Below are the CoCs' past year accomplishments that successfully addressed the community's other homeless goals that were included in the 2003 Super NOFA:

- Veterans Outreach Center began implementation of its Shelter Plus Care program
- Genesis House, a transitional housing program for older homeless youth, increased its capacity from 10 to 14 beds
- Implementation of e-mail tree to notify community organizations of potential funding resources for homeless programs

- MCDHS and MCDOMH implemented case management program to assist disabled persons receiving TANF or Safety Net benefits in accessing SSI/SSD benefits
- Efforts to encourage the development of new permanent, supportive housing projects resulted in 2 new Shelter Plus Care programs and 13 permanent, supportive housing units dedicated to the homeless in a 26 unit affordable housing project successfully funded in the 2003 Super NOFA and 3 new Shelter Plus Care projects in the most recent submission.
- As funds allow, the County will allocate CDBG funds to housing counseling programs that also benefit the homeless and at-risk population: Fair Housing Education & Outreach; Foreclosure Prevention and Predatory Lending Services; and, Suburban Landlord/Tenant and Housing Hotline Services Program.

In addition, refer to the chart entitled Other CoC Goals and Specific Action Steps to Address Homelessness, included in the Appendix.

#### 4. Institutional Structure to Carry Out Homelessness Strategy

Monroe County and New York State Agencies assisting the homeless population include: the Monroe County Office of Mental Health; the NYS Office of Mental Health; the NYS Office of Children and Family Services; the NYS Division for Youth and the Rochester/Monroe County Youth Bureau.

##### City of Rochester Homeless Programs and Resources

- Emergency Shelter Grant (ESG) Program - The City of Rochester provides funding under the Emergency Shelter Grant Program to assist agencies in providing a variety of emergency and transitional shelter, reception, homeless prevention and health care programs. The specific use of these funds will be determined by Requests for Proposals.
- Persons with HIV/AIDS - Funding for the Housing Opportunities for Persons with AIDS (HOPWA) is provided to certain states and localities, including the City of Rochester, based on population and other considerations. Housing assistance and services under the program are limited to low income persons with AIDS or related diseases and their families, but housing information services are available to persons with AIDS and their families without regard to income. Funds may be used for all types of housing designed to prevent homelessness for persons with AIDS and their families, including emergency housing, shared housing arrangements, apartments, single room occupancy dwellings and community residences. Appropriate support services must be provided in connection with HOPWA housing assistance. HOPWA funds can also be used to provide services only.

The City of Rochester administers HOPWA formula funds for the Eligible Metropolitan Statistical Area that includes the City of Rochester, Monroe and its five contiguous counties. During the current year, HOPWA funds will provide long term rental subsidies, emergency rental, utility assistance and transportation.

Case management and advocacy coupled with supportive services will be dedicated to those receiving HOPWA funds. Supportive services include transportation, nutrition and meal programs, mental health therapy and socialization and recreational programs.

##### Supplemental Homeless Programs and Resources



The Rochester/Monroe County homeless service delivery system has been successful in coordinating/integrating services administered by the City and County as well as with other mainstream programs listed in the Homeless Inventory section.

Other coordination efforts referenced in the Homeless Inventory section, include the list of emergency housing facilities under contract with MCDHS that are described in the MCDHS Housing/Homeless Services report included in the Appendix.

In addition, MCDHS coordinates with many state and local agencies, public housing authorities, non-profit organizations, neighborhood associations, housing developers, nonprofit organizations and medical facilities that are described in the sections entitled Institutional Structure and Homeless Strategic Plan.

The CoC Team seeks to coordinate and integrate community planning efforts related to services for the homeless. The Team is structured to allow for the two-way flow of information with the intent of integrating the needs of the homeless into mainstream planning efforts and bring resources to the homeless continuum of care system. The key role of service providers is recognized in this process, with the Homeless Services Network (HSN) playing an integral part in the CoC planning process. The CoC plan has been developed within the context of several other planning processes. The relationship of the CoC to each process is outlined above under the Homelessness section.

Refer to the chart of other resources entitled 2004 Exhibit 1: Continuum of Care Use of Other Resources located in the Appendix. This chart describes the use of resources and dollar amount or number of units/beds in the CoC System for homeless persons.

Refer to the chart of leveraging resources entitled 1004 Exhibit 1: CoC Supplemental Resources Project Leveraging located in the Appendix. This chart describes the available leveraging funds in the CoC System for homeless persons.

## 5. Discharge Coordination Policy

There is not a large problem with youth exiting foster care and residential facilities being discharged with no housing in place. Each of the youth shelters tracks the number of youth who have been previously in foster care services and in other residential placements. When a concern arises regarding inappropriate or lack of planning, it is addressed on an individual basis. The Runaway and Homeless Youth (RHY) Services Coordinator is a member of the CoC Team, the Homeless Services Network and conducts monthly RHY provider meetings with DHS and youth service providers. There is a clear understanding that a youth shelter/homeless shelter is not an adequate discharge plan.

Several providers in our CoC including Hunter House, Jennifer House, the YWCA, Volunteers of America and the Salvation Army have contracts with New York State Parole to provide housing upon release from state prisons for men and women who are unable to secure housing before their release. The result has been better coordination of discharge planning for those being released and coming to the Rochester community. These providers, as well as the Monroe County Office of Mental Health, go into the Monroe County Jail to assist inmates with planning for their release. The MCOMH Transition Case Managers assist individuals with mental

illness in linking with services in the community and with continuation of any necessary medications following release from jail.

The MCOMH also works with local inpatient psychiatric units and the Rochester Psychiatric Center, an intermediate care facility, to ensure that appropriate discharge plans are developed for individuals leaving these institutions. A Single Point of Accessibility (SPOA) for mental health case management and housing services is in place. The SPOA is targeted to high need/high risk individuals with mental illness, many of whom are chronically homeless and high utilizers of emergency and inpatient services. Referrals are routinely made to the SPOA as part of the discharge planning process.

As stated in our chronic homeless goals, the Homeless Services Network has worked with local hospital emergency rooms to develop discharge protocols for those being released to shelters that have been successful. The Special Needs Population Committee will now begin working with other institutions such as inpatient rehab programs and other residential programs to develop similar protocols for discharge.

## **Emergency Shelter Grants (ESG)**

(States only) Describe the process for awarding grants to State recipients, and a description of how the allocation will be made available to units of local government.

3-5 Year Strategic Plan ESG response:

N/A

## **COMMUNITY DEVELOPMENT**

### **Community Development (91.215 (e))**

\*Please also refer to the Community Development Table in the Needs.xls workbook

1. Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table (formerly Table 2B), – i.e., public facilities, public improvements, public services and economic development.
2. Describe the basis for assigning the priority given to each category of priority needs.
3. Identify any obstacles to meeting underserved needs.
4. Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.

NOTE: Each specific objective developed to address a priority need, must be identified by number and contain proposed accomplishments, the time period (i.e., one, two, three, or more years), and annual program year numeric goals the jurisdiction hopes to achieve in quantitative terms, or in other measurable terms as identified and defined by the jurisdiction.

### 3-5 Year Strategic Plan Community Development response:

#### 1. Priority Non-Housing Community Development Needs

Monroe County's non-housing Community Development needs support the overall Strategic Plan goals: repair and conserve existing housing stock; develop affordable rental and homeownership opportunities for all low to moderate-income residents, without discrimination; improve access to and quality of public facilities; provide essential utility infrastructure in lower income areas; provide essential public services, particularly those that promote homeownership, fair housing and housing stability; provide job training and economic development opportunities for low to moderate-income persons and persons with special needs; and revitalize deteriorated neighborhoods.

By eligibility category, Monroe County's priority community development needs are as follows:

Public Facilities and Improvements - general (03); senior centers (03A); neighborhood facilities (03E); parks and recreation facilities (03F); parking facilities (03G); flood drain improvements (03I); water/sewer improvements (03J); sidewalks (03L); fire stations/equipment (03O).

Housing - construction of housing (12); direct homeownership assistance (13); rehab single-unit residential (14A); rehab multi-unit residential (14B); rehabilitation administration (14H); lead-based paint/lead hazard testing (14I).

Public Services - general (05); senior services (05A); handicapped services (05B); youth services (05D); fair housing activities (05J); tenant/landlord counseling (05K); homeownership assistance - not direct (05R).

Neighborhood Revitalization - residential historic preservation (16A); non-residential historic preservation (16B)

Economic Development - other commercial/industrial improvements (ie. not-for-profit ED projects) (17D); ED direct financial assistance (18A); ED technical assistance (18B); micro-enterprise assistance (18C).

#### 2. Basis for Assigning Priority

Monroe County defines, analyzes and assigns priority to community needs using many methods to retrieve data from reliable sources and input from the community as a whole. These factors help CD determine the priority of a project -- absolute need, relative need, availability of other funds, local preference and spending cap by category.

Current Census Tract Data and the Quartile Ranking of Low/Mod Income Persons compiled by HUD. Neighborhoods targeted for public improvements are located in eligible census tracts and block groups where the highest percentage of low/mod

income residents are located. These statistics geographically define a concentration of residents in need of programs and services.

Reports and information from other County Departments. CD staff works closely with several County Departments that provide health and social services. These partnerships provides valuable assistance in identifying the needs of County residents. Monroe County's Office for the Aging has provided three resource documents in the last five years to assist in analyzing community needs for elderly persons. These include the 1999 Elderly Housing Study, the 2000 Aging Well Report, and the most recent document, the 2004 Senior Action Plan. These documents contain statistical data, analysis and recommendations to substantiate elderly needs and strategies. Other valuable data was obtained from the County's Economic Development Strategy Team and the Budget Advisory Team, two committees convened by County Executive Maggie Brooks to evaluate current programs and resources and develop a comprehensive approach to providing business assistance and cost savings opportunities, respectively.

Consultation with primary community agencies, listed earlier in the Strategic Plan, helps to identify local trends, gaps in services and needs of special population groups, including senior citizens, persons with special needs and homeless persons.

The Steering Committee continues to help shape the community development needs analysis through the input of municipal members at semi-annual meetings. Members also participate in focus groups that result in the identification of current and future suburban needs and services. Local preference continues to be a strong determining factor in assigning priority.

Public Commentary, provided by County citizens through the Citizen Participation Process, provides valuable insight into community needs. Many public suggestions are incorporated into Monroe County's needs analysis, strategic plan, and funded projects listed in the Action Plan.

Staff participation on local committees and boards involved in public service issues provides added input on community needs as well as an opportunity to merge resources for programs that meet identified needs. Involvement on the Homeless CoC Team, Greater Rochester Housing Partnership Board and the United Way Building Community Impact Team are a few examples of community participation that have been beneficial in this regard.

Monroe County will not reject applications for funding solely because the project may be of low priority. Low priority activities will be considered for funding, provided the request is for an eligible activity.

### 3. Obstacles to Meeting Underserved Needs

As previously stated, the greatest obstacle to meeting underserved needs is declining CDBG resources. During the 2000-2002 program years, CDBG funding totaled \$6.27 million, but during the 2003-2005 period, funding fell to \$5.34 million, a loss of close to \$1 million over a three-year period. In addition, program income (interest on outstanding loans and other repayments) also declined during this time, further limiting the funds Monroe County has available for eligible CDBG activities. Increased competition for resources has limited Monroe County's ability to seek funds from other sources. Lastly, more applicants are seeking community

development funds that ever before, creating increased competition. As previously referenced, applicants seeking \$3.3 million were competing for \$2.1 million in available CDBG funds this year. Affordable housing developers sought \$2.6 million when \$1.2 million was available for this purpose.

#### 4. Long and Short-Term Objectives

Strategies to address the CD objective of providing decent housing:

Over the next five years, the Home Improvement Program (HIP) will continue services to suburban residents. HIP helps low to moderate-income residents finance home repairs to correct serious housing deficiencies. In 2004, CD took steps to expand the program by adopting a new policy to adjust the HIP grant guidelines to provide of rehab grants to homeowners with incomes at or below 60%. Grants, rather than loans, are available to households at or below 60% AMI, instead of 50% AMI. For households with incomes at 61-80% AMI, Monroe County offers a grant that pays half of project costs. It can be used in partnership with a 50% homeowner contribution in the form of homeowner funds, funds from another source or a low-interest loan from the home improvement revolving loan fund. Project amounts above \$7,500 continue to be reviewed on a case-by-case basis. Program requirements for disability grants have not changed. Households with a disabled member with incomes at or below 80% AMI are eligible for a grant of up to \$2,500 for accessibility improvements.

Also key to providing decent housing is the Homeownership Program and direct subsidy available through the First-Time Homebuyer Program, which helps low to moderate-income families access the the housing market and improve their overall living condition. The development of affordable rental housing also assists in this endeavor by providing high quality, affordable rental units for the elderly, families and persons with disabilities.

Strategies to address the objective of providing a suitable living environment:

Improve the safety and livability of neighborhoods by providing utility infrastructure and neighborhood improvements in low/mod income areas. The strategies consist of utilizing CDBG funds for municipal public works projects. Municipalities continue to list new construction or replacement of utility infrastructure as a priority because of the age and deteriorated condition of sidewalks, sanitary sewers, waterlines and drainage utilities.

Essential public services are necessary to provide a suitable living environment, particularly for low to moderate-income families, seniors and disabled persons. Strategies include providing quality services with fewer consolidated plan dollars and within the 15% funding threshold for public services. In the next five years, projects will focus on housing assistance and activities that are not funded by other entities. Projects that rank high must improve quality of life issues and foster self-sufficiency, housing stability and independence for low income, elderly and disabled populations. Monroe County will work closely with traditional service providers to promote services and emphasize community needs, particularly for population groups expected to increase in the next five years. This provides a comprehensive understanding of the availability of local programs within the community, enabling the referral of clients in need of services.

In order to increase access to quality public and private facilities and services, Monroe County will provide more ADA improvements at public parks, municipal buildings and senior centers. Consortium members continue to prioritize the need for ADA projects because the elderly, mobility impaired and disabled populations increased substantially in the past decade and many facilities need further accommodations. Municipalities consistently request projects to retrofit public facilities with entrance ramps, automatic entrance doors, elevator and lift equipment, accessible restrooms, courtroom hearing loops and signage. Municipalities are also building more public facilities such as parks, senior centers and community facilities that receive consistent use and need ADA improvements.

By restoring and preserving properties of special historic value, all Monroe County residents can continue to enjoy many popular community attractions in historic districts throughout the City of Rochester and Monroe County. Public and privately owned historic structures in use as municipal buildings and facilities need rehabilitation in keeping with their historic significance.

Strategies to expanded economic opportunities address the priority needs for adequate resources and incentives for business retention, start-up, expansion and relocation necessary to encourage new jobs and protect existing jobs for low to moderate-income workers.

The most effective business development strategy is to utilize the resources of the CDBG Program to support the Revolving ED Grant and Loan Fund and the merging of additional private and public sector resources in the next five years. The fund provides low-interest loans or grants to local companies for equipment acquisition, infrastructure and leasehold improvements, real estate and working capital activities involved in business start-ups, expansions and relocations. Funds are combined with other public resources to leverage private capital investments, including the CDBG Section 108 Loan Guarantee authority, COMIDA, New York State's Urban Development Corporation and the SBA 504 Program. Non-CDBG funded County initiatives are utilized in combination with the ED Fund, including the GreatRate Interest Subsidy Program, the GreatRebate Program, the Monroe Fund, the Enhanced Jobs Plus Property Tax Abatement, the Empire Zone Program and incentives offered by the Monroe County Foreign Trade Zone.

## **Antipoverty Strategy (91.215 (h))**

1. Describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families (as defined by the Office of Management and Budget and revised annually). In consultation with other appropriate public and private agencies, (i.e. TANF agency) state how the jurisdiction's goals, programs, and policies for producing and preserving affordable housing set forth in the housing component of the consolidated plan will be coordinated with other programs and services for which the jurisdiction is responsible.
2. Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.



### 3-5 Year Strategic Plan Antipoverty Strategy response:

#### 1. Goals, Programs and Policies for Reducing Number of Poverty Level Families

In suburban Monroe County, over 145,000 residents -- nearly 30% of the suburban population -- are of low to moderate-income and nearly 25,000 residents -- nearly 5% of the suburban population -- are below the poverty level. The Towns of Brighton, East Rochester, Gates, Hamlin, Henrietta, Irondequoit and Sweden have poverty rates that exceed 5%.

MCDHS is the primary provider of social services assistance in Monroe County and as such has the greatest opportunity to reduce the number of poverty level families. CD will continue to coordinate programs and services with DHS, Office for the Aging, Office of Mental Health and the Rochester/Monroe County Youth Bureau and partner with them on the Homeless CoC Team.

The County's strategies focus on economic revitalization, job creation and retention, enhanced workforce development, and increased affordable housing options for all low income groups. The following efforts support these strategies and help reduce poverty.

County initiatives have kept property taxes stable, provided improved social services, restructured economic development efforts, created more job centers, and now offer a prescription drug discount plan to all residents. County social services provide public assistance and other services to children, families, youth, aging adults and disabled residents. These include the Welfare to Work programs and housing services for emergency, supportive and permanent housing.

County job training and development is coordinated through Rochester Works, Inc. and its workforce development grants to provide employment services. County ED incentives are provided by COMIDA, and other programs that offer interest subsidies, rebates, property tax abatements and Empire Zone tax credits. The County's Local Labor Employment Policy offers incentives to companies that hire local workers and purchase equipment locally.

CDBG funds assist homeowners and prevent homelessness through programs and services that stabilize living conditions by providing housing rehabilitation for low-mod homeowners; credit repair counseling, mortgage relief and foreclosure prevention assistance; subsidies for first-time homebuyers, and supportive homeless assistance through Exhibit 1 of the CoC. The Revolving ED Grant & Loan Fund and its Section 108 Loan Guarantee component are the primary business incentive tools to businesses that create and retain jobs for low-mod residents. ED grants are also used to purchase adaptive manufacturing equipment for facilities that employ disabled persons. Preference requirements applied through the Section 3 Program also help keep local workers employed.

#### Coordination of housing plan goals with County programs and services:

Strategies to reduce poverty include improving housing conditions and preserving housing stock, reducing costs for rental housing and development of additional units, increasing homeownership opportunities, and providing homeless housing (emergency, transitional and permanent) with supportive services, access to public assistance benefits, and full-time employment.

The Home Improvement Program improves housing conditions and preserves housing stock by providing substantial repairs to homes of low-mod income residents, thereby allowing them to remain in their homes and preventing homelessness. Public services provided by The Housing Council such as tenant/landlord counseling and foreclosure prevention counseling also help in this regard. Lifespan's program for low-mod seniors provides minor home repairs and trains residents in home safety and security techniques, thereby enabling elderly persons to remain in their homes.

Homeownership opportunities are increased through subsidies to first-time homebuyers for downpayments, closing costs and principal reductions.

## 2. Extent to which Strategies will Reduce Number of Poverty Level Families

CD strategies and programs may not reduce the overall number of poverty level families, but they do provide the means to stabilize their living and financial conditions. Supportive housing services and essential public services may also help poverty level families improve self-sufficiency. Unfortunately, we are not able to control the life choices that any of our program recipients make, but combined, our programs provide an array of financial tools and services that can improve living conditions, housing availability and employment opportunities.

## **Low Income Housing Tax Credit (LIHTC) Coordination (91.315 (k))**

1. (States only) Describe the strategy to coordinate the Low-income Housing Tax Credit (LIHTC) with the development of housing that is affordable to low- and moderate-income families.

3-5 Year Strategic Plan LIHTC Coordination response:

N/A

## **NON-HOMELESS SPECIAL NEEDS**

### **Specific Special Needs Objectives (91.215)**

1. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.
2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

3-5 Year Non-homeless Special Needs Analysis response:

1. Priorities and Objectives

Data available for the development of the Strategic Plan indicates that the need for affordable housing with supportive services for the elderly, frail elderly and disabled will continue to grow over the next five years. The County remains committed to facilitate the expansion of affordable supportive housing opportunities for elderly, frail elderly and persons with disabilities.

In addition to affordable rental housing development, it is important to provide the appropriate services and programs so that elderly and disabled homeowners can age in place in their homes. The CD funded Home Improvement Program, which provides housing rehabilitation improvements and accessibility accommodations supports this goal. Lifespan's Safety and Security for Seniors program makes minor accessibility improvements and trains seniors in home safety thereby increasing the likelihood seniors will be able to remain independent. Housing counseling, particularly in the areas of foreclosure prevention, reverse mortgages and predatory lending also provide seniors with the information they need to remain financially independent.

## 2. Resources to Address Needs

Federal, State and local public and private sector resources described in the Coordination of Housing Strategic Plan of the Specific Housing Objectives section, that are reasonably expected to be available, will be used to address identified needs for the five years covered by the Strategic Plan. CDBG-funded public services for special needs populations are subject to the 15% cap, and therefore very limited. Funding for special needs housing may also be available as part of the Homeless CoC Exhibit 1.

## **Non-homeless Special Needs (91.205 (d) and 91.210 (d)) Analysis (including HOPWA)**

\*Please also refer to the Non-homeless Special Needs Table in the Needs.xls workbook.

1. Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (formerly Table 1B) of their Consolidated Plan to help identify these needs.

\*Note: HOPWA recipients must identify the size and characteristics of the population with HIV/AIDS and their families that will be served in the metropolitan area.

2. Identify the priority housing and supportive service needs of persons who are not homeless but require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.
3. Describe the basis for assigning the priority given to each category of priority needs.

4. Identify any obstacles to meeting underserved needs.
5. To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.
6. If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.

3-5 Year Non-homeless Special Needs Analysis response:

1. Estimate of Non-Homeless Special Needs

Affordable Housing Needs of Elderly And Special Needs Persons

- According U.S. Census data, the number of persons age 75+ and 85+ in suburban Monroe County grew dramatically from 1990 to 2000:
  - persons age 75+ increased by 13,167 (55%), from 24,159 to 37,326
  - persons age 85+ increased by 3,858 (65%), from 5,971 to 9,829
- In 2000 there were 49,311 Monroe County residents that were 75 or older.
- The proportion of seniors in Monroe County that live outside the City of Rochester increased from 1990 to 2000. In 2000, 76% of the Monroe County population of persons age 75+ in 2000 lived outside the City of Rochester, an increase from 64% in 1990.
- According to the County's "Aging Well" Report, the number of available housing units for older adults is currently not increasing at a rate fast enough to meet the anticipated market demands.

Persons with Disabilities

A person with a disability is anyone who indicated on their census form that they or a member of their household has, "a long-lasting physical, mental, or emotional condition." Various charts describing the types of disabilities and percentage of disabilities of the disabled population by municipality, demographic charts detailing the poverty status of the disabled population and the Finger Lakes DDSO demographic data waiting list are located in the Appendix.

Persons with Mental Illness

- According to the Monroe County/CCSI Behavioral Health Community Data Base, there were 34,275 unduplicated individuals served by the public mental health system in Monroe County during 2004.
- In 2004, 7,247 individuals with a diagnosis of severe mental illness have been served in Monroe County. During 2004, only 1,169 unduplicated individuals received residential services and thus were served in OMH-licensed or funded housing in the community. OMH-licensed or funded housing includes supervised community

residences, supervised and supportive apartments, family care homes and supported housing (independent living with case management and other support). The need is greater than available resources.

- Other special populations that are increasing in our community are individuals with severe mental illness and a history of fire setting, sex offending or violence. These individuals are in the community with very little structure because our traditional residential services cannot meet their needs and the needs of the other residents and the community. There is a need for specialized residences with enhanced staffing to serve this population as well.

- Gap in Housing Units Needed for Persons with Severe Mental Illness – Much more is needed than currently exists for this population. There is also a need to offer the high risk/need individual with “special circumstances” safe and affordable residential services, which would include increased staff and supervision as well as tolerance. Many individuals with severe mental illness cannot follow through with traditional rules and expectations, yet still need the support of supervised living.

- Persons with Severe Mental Illness in Need of Supportive Services - In 2004, Single Point of Access (SPOA) received 640 referrals for supportive services for persons with severe mental illness, of which 631 met criteria and were appropriate/eligible to receive services. However, only 448 were admitted to receive such services. Thus, 71% of those referrals submitted to SPOA were served in some level of care. Due to volume of referrals and insufficient resources, 29% were not served.

- Supportive Services Currently Available for Persons with Severe Mental Illness
  - Intensive Case Management (ICM) in Monroe County: (444 slots)
  - Supportive Case Management (SCM) in Monroe County: (820 slots)
  - DePaul SCM: (90 slots)
  - Assertive Community Treatment (ACT): (48 slots)

- Gap in Supportive Services Needed for Persons with Severe Mental Illness – Staff retention in Case Management Programs is always a challenge. When opportunities come for advancement and/or higher paying jobs, case management positions are vacated. As these positions are vacated, opportunities for case management services are eliminated or diminished.

#### Alcohol and/or Substance Abuse Individuals

- Reports provided by MCOMH indicate that the chemical dependency population consists of 68,497 individuals (ages 19+) and 10,177 individuals (ages 12-17).

- It is estimated that 20% of the total number of alcohol/drug addicted individuals are expected to be in need of and present for outpatient treatments, which equates to 13,700 individuals with an anticipated need of 265,009 visits.

- The current outpatient capacity to provide supportive services for alcohol/other drug addicted individuals equates to 252,975 visits resulting in a gap of 12,034 (supportive services).

- Currently, there are 198 Community Residential beds (licensed by NYS Office of Alcohol and Substance Abuse Services) and 145 Supportive Living apartments available for a total of 343 transitional housing beds/apartments.
- Currently there is a need for 101 community residential beds and 1,133 residential treatment beds on a regional basis for a total 1,577 need licensed housing beds.
- There is a gap of 1,234 licensed housing beds.
- There are also a number of special populations of individuals with chemical dependency for whom there are barriers to finding appropriate residential services, including:
  - Individuals with mental illness and chemical dependency
  - Individuals involved with the criminal justice system
  - Non-English speaking persons

#### Persons with HIV/AIDS

- Funding for the Housing Opportunities for Persons with AIDS (HOPWA) is provided to the City of Rochester, based on population and other considerations.
- Housing assistance and services under the program are limited to low income persons with AIDS or related diseases and their families, but housing information services are available to persons with AIDS and their families without regard to income.

## 2. Priority Housing Needs of Non-Homeless Special Needs

#### Elderly Households

Elderly and/or frail elderly persons are in need of various types and levels of affordable, supportive housing opportunities. Several challenging factors impact senior populations when making housing and/or supportive service choices, which regularly include the following:

- Ability to function independently and/or with supportive services
- Level of care and comprehensive medical and living support required
- Limited ability to pay for required housing choice and supportive services
- Limited availability of affordable supportive housing opportunities

#### Persons with Disabilities

Additional funds are needed to serve the high physical needs of individuals that are aging out of facilities such as Mary Cariola Children's Center. The NYS Cares funds do not provide enough capital to buy/renovate or build a home that meets all of the needs of this population. In addition, funds are needed to develop Individual Residential Alternative (IRA) projects.

#### Persons with Mental Illness

- This growing high risk/need population resides in our community and needs safe and affordable residential care. Specialized housing promoting recovery-oriented services that provide structure with additional experienced staff, is needed to effectively meet the needs of these difficult to serve individuals.
- There are a number of special populations with mental illness and co-occurring disorders for which there are very limited housing options. These populations include those with:
  - Mental Illness and Chemical Addiction (MICA)
  - Individuals diagnosed with Mental Illness and Developmental Disabilities
  - Individuals involved with the criminal justice system
- Residential placement continues to be a central issue in meeting the needs of severely mentally ill persons. Housing for clients remains a serious service gap in our community.
- The need continues to grow for residential options (licensed and non-licensed with case management support) for individuals with co-occurring mental illness and chemical dependency.

#### Alcohol and/or Substance Abuse Individuals

- Additional housing options for individuals with chemical dependency remains a need in the community. Access to safe, decent, affordable housing for individuals and families is an important aspect to assisting individuals to remain in recovery. As indicated in the previous section, there is a substantial gap in the need to provide the necessary community residential and supportive living apartments required for this population.
- There are various levels of residential services available on a limited basis for individuals with chemical dependency; however, oftentimes it is difficult to locate safe and affordable permanent housing in the community.
- The need continues to grow to provide the following housing alternatives for this population:
  - Rental Assistance (i.e. Section 8 Program)
  - Licensed community residential beds at all levels
  - Residential options (licensed and non-licensed with case management support) for individuals with co-occurring mental illness and chemical dependency

#### Persons with HIV/AIDS

The projected needs of the AIDS population include increased case management (supportive services) especially in the Hispanic population, the need for adequate, accessible, affordable, safe housing (independent living, and supportive housing) and transitional services for families of deceased AIDS clients.

- Funds may be used for all types of housing designed to prevent homelessness for persons with AIDS and their families, including:
  - Emergency housing



- Shared housing arrangements
- Apartments (Rental and utility assistance)
- Single room occupancy dwellings
- Community residences
  
- Appropriate support services must be provided in connection with HOPWA housing assistance. HOPWA funds can also be used to provide services only.
  
- The City of Rochester administers HOPWA formula funds for the Eligible Metropolitan Statistical Area that includes the City of Rochester and Monroe and its five contiguous counties. During the current year, HOPWA funds have been committed to AIDS Rochester, Catholic Charities and The Health Association. Services include:
  - Long-term rental subsidies
  - Emergency rental housing
  - Utility assistance
  - Transportation.
  
- Case management and advocacy, coupled with supportive services, will be dedicated to those receiving HOPWA funds. Supportive services include:
  - Transportation
  - Nutrition and meal programs
  - Mental health therapy
  - Socialization and recreational programs

### 3. Assigning Priority

The basis for assigning the priority given to each category of priority needs was determined by the high demand, complexity, and necessity to serve our community's special needs populations, and the beneficial impact on the individuals served as well as to the community as a whole. In addition, the existing resources that are available to address the various housing and supportive service needs continue to be limited and future projections are uncertain.

#### Persons with Mental Illness

- There continues to be a significant need in the community for additional housing options for persons with mental illness. Adult Care Facilities have been used as housing placement options for individuals who have been unable to successfully reside in other community residential facilities or to live independently or semi-independently in the community.
  
- Although various sources of funding have been utilized to develop alternative housing options, the need continues to be much greater than the existing housing resources.
  
- Persons with mental illness continue to need access to affordable housing with supportive services. Flexible, individualized support services are necessary to support and sustain individuals in their housing.

- Continued housing initiatives that allow the consumers to have an affordable place to live, and have clinical services on-site are needed in our community to secure proper housing for this population remains a number one goal. This would allow our community the opportunity to develop a continuum of residential services that are required to meet the needs of our consumers and to provide effective mental health services.

#### Alcohol and/or Substance Abuse Individuals

- Although not technically homeless, many individuals with chemical dependency double up or move from house to house as they may have no income, be unemployed and/or sanctioned from social services subsidies.
- Affordable and safe housing remains the number one need for individuals with chemical dependency

#### Persons with HIV/AIDS

- There is a need to provide transportation and affordable, larger rental units for the HIV positive population and their families.

#### 4. Obstacles to Meeting Underserved Needs

Obstacles to meeting underserved needs include the limited resources available to provide affordable housing alternatives and supportive services, and the complexity required to utilize innovative service delivery and a "housing first" model to ensure that special needs individuals have their basic housing needs met first.

#### Persons with Mental Illness

- Obtaining safe and affordable housing remains problematic, especially for persons with mental illness who may have been excluded from group homes, apartment programs, or have failed at independent living.
- Persons with mental illness may not meet admission criteria, or residential staff may not tolerate their problematic behaviors.
- The ability to secure housing directly affects a MICA consumer's tenure.
- The MICA consumer is in need of enhanced services to provide the opportunity to achieve a higher quality of life. For years a number of attempts have been made to service MICA consumers, yet to a large degree, this population remains underserved, consuming vital resources.
- Many of the severely mentally ill population have "burned their bridges" with many landlords due to behavior related to their mental illness or the history of such behaviors.

#### Alcohol and/or Substance Abuse Individuals

- Individuals who have completed stays in licensed residential programs for chemical dependency are in the beginning stages of self-sufficiency and may be working at lower-paying jobs, limiting their ability to find affordable, safe housing.

This may mean the return to drug-infested neighborhoods that are dangerous and alluring to their own addictions, contributing to relapse and inability to maintain sobriety.

- Apartment rents and utility costs have increased, which adds to the inaccessibility of housing. As the greatest need for those with chemical dependency is access to safe, affordable mainstream housing, the housing stock available to this population mirrors the community stock available for low-income persons.

#### Persons with HIV/AIDS

- Privacy and irregular schedules are two reasons often given when someone is not compliant with their HIV medications. Homelessness and shelter living are not optimal housing alternatives for Persons with HIV/AIDS. If medications are not taken properly, resistance can develop to entire classes of HIV medications. Many medications must be taken with food. HIV medications extend life, but many individuals experience side effects. Having a stable home with food and a multiple continuum of medical and psychosocial support is essential to the health and well being of the HIV population in the County.

#### 5. Facilities and Services Available

Housing Units Currently Available for Persons w/Severe Mental Illness (Housing Information for 2004):

##### DePaul

##### Treatment Apartment Program:

- University (37)
- Holyoke (27)
- Manor Parkway (4)
- DCS (23-Winship)

Total: 91 Treatment Apartment Beds

##### Group Homes:

- Cornhill (14)
- Lyell (14)
- Peck Road (14)
- Shelter Cove (14)
- Spencerport (14)

Total: 70 Beds

##### Specialty Group Home Beds:

- East Ridge (9 MICA)
- Jones (14 MICA)
- North Chili (9 MICA)

Total: 32 MICA Beds

Specialty Group Home Beds:

- Embury (14 Deaf)
- Elmgrove (10 Young Adult)
- Edgerton (85 SRO - Single Room Occupancy)
- Cornerstone (100 SRO)
- Macedon (14 Wayne County)

Total: 223 Specialty Group Home Beds

Supported Housing:

- DePaul has a total of 139 supported housing beds

East House

Treatment Apartment Program: 54 Treatment Apt. Beds

Group Home Beds:

- Boehm (14)
- Collins (15)
- Pembroke (14)
- Wolk (14 - All Male)

Total: 57 Group Home Beds

Specialty Group Home Beds:

- Shumway (14)

71 Group Home beds - 70 beds are filled, leaving one for internal emergencies

Supported Housing:

- East House:
- 152 Supported Housing Beds
- 108 Direct contract beds with OMH
- 30 High Need MICA beds
- 9 RPC census reduction beds
- 5 Homeless beds

Total: 304 Supported Beds

Community Place: 5 Supported Housing Beds

Ibero: 5 Supported Housing Beds

Rochester Psychiatric Center:

- John Romano Group Home (24 Beds)
- Family Care (106 Beds)

#### Alcohol and/or Substance Abuse Individuals

- The licensed residential system admits about 900 persons per year and a total of 7,667 persons are admitted to outpatient services annually.
- The licensed residential capacity is significantly under that of the population receiving support, as it is assumed that most of the population resides in the community and is in need of affordable housing.

#### Persons with HIV/AIDS

- AIDS Rochester presently administers forty-five (45) slots through HOPWA.
- With the assistance of HOPWA, AIDS Rochester is able to circumvent barriers faced by tenants by guaranteeing landlords paid security deposits and monthly rent. AIDS Rochester has a waiting list of 300 individuals requesting subsidized rent. The annual cost for 300 slots is approximately \$1,000,000.
- Rochester Area Task Force on AIDS (RATFA) is the designated Ryan White Network for the nine county Finger Lakes Region of Upstate New York. The Network is composed of individual members, AIDS service providers and related organizations. Member Organizations provide HIV/AIDS prevention, education and outreach services, pre-test and post-test counseling, health care services, case management, social support services, pastoral care, nutrition services, housing services, mental health care, substance abuse treatment, legal services, activities and support for children and families affected by HIV/AIDS.

#### 6. Need for HOME Assistance

The County annually plans to utilize HOME funds to assist one or more special needs populations, primarily the elderly and disabled, pursuant to the reasons described above and identified in the Special Needs Table.

Various community service providers of the non-homeless special needs populations (described above), repeatedly advise the County of the growing need and increasing difficulty to adequately provide affordable, supportive housing opportunities. In an effort to address the needs of this growing population, the County will continue to establish the provision of special needs supportive housing as a priority for persons who are not homeless but require supportive housing. Such populations include elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction per the Non-homeless Special Needs Table in this Plan.

### **Housing Opportunities for People with AIDS (HOPWA)**

\*Please also refer to the HOPWA Table in the Needs.xls workbook.

1. The Plan includes a description of the activities to be undertaken with its HOPWA Program funds to address priority unmet housing needs for the eligible population. Activities will assist persons who are not homeless but require supportive housing, such as efforts to prevent low-income individuals and families from becoming homeless and may address the housing needs of persons

who are homeless in order to help homeless persons make the transition to permanent housing and independent living. The plan would identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.

2. The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities. The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.
3. For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).
4. The Plan includes an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.
5. The Plan describes the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in order to ensure compliance by project sponsors of the requirements of the program.
6. The Plan includes the certifications relevant to the HOPWA Program.

3-5 Year Strategic Plan HOPWA response:

N/A

### **Specific HOPWA Objectives**

1. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

3-5 Year Specific HOPWA Objectives response:

N/A

## OTHER NARRATIVE

Include any Strategic Plan information that was not covered by a narrative in any other section.